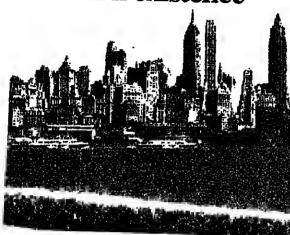
Global evidence disputes concept of peptic ulcer as disease of "modern existence"



Often referred to as n "badge of success" and linked to executive suites, peptic ulcer of the duodcnum has been found to be just as common among



those with no shirts as those with while collars. What factor is there in common between the "credit-card urbanite" and the "clinic-card hut-dweller"?

What the patient eats vs. what "eats" the patient

The role of stress and anxiety in the development of peptic ulcers is well documented-particularly in Western medical literature. Buf what about in Southern Nigeria, Southern India and Northern India?

aspect of peptic ulceration cannot be applied to the siluation of the placid Southern Nigerian bush farmer. significantly in helping to bring relicf of anxiety-linked Instead, he favors the high carbohydrate diet of yama gastroiniestinal spasm and associated pain. The causes and cassava as playing an important etiologic role. of ulcer are perhaps multiple and their roles perhaps Patients with peptic ulcers in Southern India appear still awaiting interpretation, but the place of Librax in to share a similar dietary problem with their counter-

A study? of certain workers in a railway town in Up to 8 capsules daily Northern India revealed a high incideoce of pepile ulcer in spite of the unhurried pace of life there. Interestingly, the patients were mostly rice eaters (in an area where wheal is a slaple in the diet), and their

Perhaps a link exists between diet and the etiology of peptic ulcer. One author3 believes that the uet Information, a summary of which follows: basic problem in the emisation of peptic ulcer is the interference with the bullering of gastric acid by food through the removal of protein in the relining of car-



Diet, or bad dictary habits, cannot be completely dismissed in the pathogenesis of our own classic "executive" alcers ... excesses such as the 3-martini lunches or abnormally long intervals between menls, dieated, carefully cunsider individual plarmacological for example. On the other hand, some investigators feets, particularly in use of potentiating drugs such as might be overlunking the existence of factors produclive of excessive anxiety in parts of the world where life is seemingly quiet and pastoral. One clinician sludying dundenal ulcer disease in Nigeria lists emotional factors us possibly contributing to the causation of the ulcers; he defers discussion, however, pending the enmpletion of socineennumic studies.

Referencesi t. Konstani, P. G.: Lauret, 2:1039, 1954. 2. Mid-hotra, S. t.; Mujumdur, C. T., and Burdobi, P. C.:Gui, 5:355, 1964. 3. Cleave, T. L.: Peptic Ulver: Consultan, Prevention, and stress, Itristol, England, John Wright & Sons Ltd., 1962, p. lii. 4. Amure, B. O.: Practitioner, 199:330, 1967.

One piece of the ulcer puzzle excessive anxiety due to stress

Though not applicable in all cases, there is no doubt that, at least in Western medical practice, anxiely-linked peptic duodenal ulcer symptoms are commonly seen. The combination of excessive anxiety crally controlled with dosage reduction; changes in EEG and certain somatic symptoms in patients with duodenal ulcer underlies the basic rationale for dual-action Librax Iharapy.

The logic of adjunctive Librax®

Ooly Librax combines in a single capsule the well-known aolianxiety action of Librium® (chlordiaz-One researcher feels that the psychosomatic epoxide HCl) with the anticholinergic action of Quarzao (clidinium Br). Both actions can contribute for

in divided doses

For optimum response, dosage may be adjusted ulcers closely resembled those found in Wesfern countries, considering the high incidence of complications, maintain his therapeutic gains.

Hefore prescribing, please consult camplete prod-Indications: Symptomatic relief of hypersecretion

sypermotility and muxicity and tension states associated with organic or functional gastrointestinal disorders; and us adjunctive therapy in the management of pepticuleer, gastritis, dundenitis, irritable bowel syndrome, spastic colitis, and mild alcerative colitis.

Contraindicutions: Patients with glaucoma; prostatic hypertrophy and benign bladder acck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or elidinium brumide.

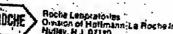
Warnings: Caution patients about possible com-bined effects with alcahal and other CNS depressants, As with all CNS-acting drugs, caution patients against hazarduus occupations requiring complete atental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported an recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addictionprune individuals nr those who might increase dosage withdrawal symptoms tinelinling convulsions), following discontinuation of the drug and similar to those secowith burbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an nhihiting effect on lactation may occur.

Precauthors in elderly and debilitated, limit dosage o smallest effective amount to preclude development of atuxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and inlerated). Though generally not recommended if eumbination therapy with other psychotropies seems in-MAO inhibitors and phenothiazines. Observe usual pecautions in presence of impalred renal or hepatic function. Paradoxical reactions (r.g., excitement, stimulation and acute rage) have been reported in psychiatric pstients. Employ usual precuntions in treatment of unxity states with evidence of impending depression; suicidal temlencies may be present and protective measures recessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticongulants; causal relationship has not been established clinically.

Adverse Reactions: No sole effects or manifestations not seen with either compound alone have been reparted with Librax. When chlardiazepoxide hydrochinride is used alone, drawsiness, ataxia and confusion mny occur, especially in the elderly and dehilitated. These are reversible in most instances by proper dosage adjustment, but are also uccasionally ubserved at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin cruptions, edema, minur menstrual irregularities, nnusea and constipation, extrapyramidal symptoms, increused and decreased libido—all infrequent and geopatterns (low-vultage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionolly with chlordiazepoxide hydrochlo-ride, moking periodic blood counts and liver function lests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic egents, i.e., dryness of mouth, hlurring of vision, urinary hesifancy and cunstipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and the law of the spasmolytics and the spasmolytics are spasmolytics. molytics and/or low reside

anxiety-related symptoms of duodenal ulcer • adjunctive

ach capsule cootains 5 mg chlordiszepoxide HCt



Medical Tribune

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world news of medicine and its practice—fast, accurate, complete

'Twas the Night Before...

Wednesday, December 20, 1972 Vol. 13, No. 49

Implant Stops Incontinence **After Surgery**

Medical Tribune Report

NEW ORLEANS-Correction of postprostatectomy incontinence by meana of a silicone-gel prosthesia implanted over the urethral bulb was reported here fo schieve a higher rate of excellent results than other procedures employing the concept of perineal compression of the bulbous urethra.

The new technique has been performed in 28 patients sioce Mnrch, and the results

in 21 of the patients who were followed three to five mooths implentation were reported by Dr. Joseph J. Knufmen, Professor of Surgery and chief of the division of urology et thas University of Collfornio School of Medleine, Los An-

DR. KAUFMAN guest speaker of the Section on Urology of Confluence on page 24



dilicone-gel prosthesis, opacified by a postoperativa injection of sodium distrizoste,

"Which way to the padiatric wing?"

A.M.A. House Agrees to Drop Drug Council, 9 Other Units

CINCINNATI-The Americao Medical Association, trying to move its operating budget out of the red, got the support of its policy-making delegatas here—but only after a parlinmentary skirmish.

Tha floor fight in the House of Delcgates at the A.M.A. Clinical Convention revolved around a cost-cuttlog mova by the Board of Trustees to climinate four councils and six committees of the organizntion. The dispute focused on the dismantling of the prestigious Council on Drugs, which is generally regarded as e veluable erbiter of phermaceuticel use.

Louisiene, home of the curreot chairman of thet council, Dr. Harry Shirkey, operative injection of sodium distrizosts, end of a long-time former chairman, Dr. is illostrated here in the urethrogram. John Adrieni, moved to reacind the trus-

icea' death koell for the drug panel. When that move was defented to e House commiliec report, a delegate from the A.M.A. Section on Clinical Phormecology tried to write it back in from the floor.

But thet ploy eod e aubsequent alatilar altempt by another delegate were voted down by n majority of the 241-member House. The delegates appeared convinced by the trustee's assurance that an in-bouse "department on drugs" would contioue the council's work, including the publicetion of a second edition of A.M.A. Drug Evaluations. The book has come to be a practitioner's standard reference.

Oo e more medicel matter, the delegates rebuffed urgings by both the U.S. Public Health Service ond the American

Bronchitis May Be Reversible, Data Indicate

DENVER-The accepted view of chronic broochilis as a progressive and irreversible disease may be open to question, according to findings reported here by a University of Illinois leam.

Data io 1,236 mlddlc-aged males who were aurveyed in 1961 end again in 1968 suggest that "the symptoms of airway obstructive phenomene of chronic bronchitis mey be reversibla" and thet criterio for diagnosis of tha disease abould be re-examined, said Dr. John T. Sharp, Professor of Medicine at U. 1.

Upsettiog the epidemiologic expectationa, Dr. Sharp reported, the incidence of such common respiretory aymptoms as persistent cough, dyspnee, wheeze, expectoration, end their combinations were found to be less prevolent in the second survey than io the first. Although this obervation could be exploined by the "impresalve drnp" in cigaretto amoking in the study population-from 52 per cent to 35 per cent-nonsmokers also showed e reduction of symptoms over the seveo-year Continued on page 9

Dietary Supplement May Cut Mortality Of Low Birth Weight

Medical Tribung Report

Now York-A study of 15,000 consecutive birtha at New York's Harlem Hospital lodicates that diet aupplements for pregnent women mey prove effective in reducing the periootel mortality essocieted with low birth weight, a Columbin University pediatriciao raported bere.

Dr. Devid Rush, Assistant Professor of Epidemiology et the School of Public

Expert Round Table Devoted to Ischemic Heart Disease

An outstanding feature of the WHO-MEDICAL TRIBUNE symposium on ische-mic heart diseose, held in Modrid, was an international round-table discussion in which leading experts from many countries participated, They were Dr. M. F. Oliver, director, Heart Disease P Clinic, Royal Infirmory of Edinburgh; Dr. J.-L. Beaumont, of the Faculté de Médecine de Crétell and one of France's leading researchers on atherosclerosis; Dr. Zdenek Feifor, chief, Cardiovasculor Section, World Health Organization: Proj. A. E. Renold, of the Institute of Clinical Biochemistry, Geneva, Switzerland; Dr. E. Nikkilä, Department of Medicine, Helsinki University: and Dr. V. I. Janushke-vichis, rector, Medical Institute of Kaunas. Lithuanian Sovies Socialiss Republic. MEDICAL TRIBUNE: The WHO sym-

posium held in Madrid with our sponsorship brought together some of the leading tesearchers in the field of ischemic heart



Discussing the WHO-MEDICAL TRIBUNE round-table meeting on ischemic heart disease Round-table participant Dr. Beaumont has are, left to right, Dr. Oliver, Dr. Arthur M. Sackler, loternational Publisher of Misorcal been honored by the French Government iseaso. Their ultimete aim is prevention.

TRIBUNE, and Dr. Fejfar, chief of the WHO Cardiovascular Section. Dr. Oliver advo-Continued on page 24 cated the need for a rigorously scientific approach to problems of scientific research. Itional du Mérila for his scientific work.

出版的建筑建筑建设建设设施设施



with the title of Chavalier de l'Ordre Na-

Hygiene Is Checked

Spot checks of food establishments by

poblic bealth inspectors in Guateninia

are part of the nutrition and dictetlea

control program based at the Bromn-

olegic Laboratory in Guetemala City.

Indian Population Still Rising

Despite Family-Planning Effort

Medical Tribune World Service

DELIII, INOIA-The 1971 Indian population

census figures show un unwurd buind

despite the efforts of the national family-

The nnnual growth rate in the decade

1961-71, when the populatinn control

drive was at its peak, was not only 2.48 per

cent higher than in the previous 10 years,

but also the highest since the first census

was put at 439,070,000. The 1971 census

In the 1961 consus, India's population

a general rule, raturded persons should not

A different view was taken hy Robert

Although the retarded are much slower

Perske, executive director of the Gronter

Omaha Association for Retarded Children,

than average in sexual development, he

said, there is no reason why aome cannot

develop to the point of assuming responsi-

bility for a mature marriage relationship.

Indeed, be said, some have formed "beau-

tiful emotional partnerships and have

been more loving and tender than some in-

He cautioned, bowever, against "crash

have children," he told the congress.

plauning campaign.

was taken n century ago.

count wns 547,950,000.

Should Sexual Growth Be Encouraged

In Mentally Retarded? Experts Differ

MATERIAL DE

merous fundamental contributions to the

understanding of viruses and viral diseases

cine which eliminated poliomyclitis as n

sumed the Weizmann Institute presidency.

he served with the Children's Hospital Re-

search Foundation of the University of

Cincianati, the last alne of them as Dis-

Dr. Sabin is a member of the advisory

tinguished Service Research Professor.

1% of Mortality in 19 Nations

Is Attributable to Poisonings

GENEVA, SWITZERLAND-Fatal poisonings

as reported by 19 Industrialized countries

represent about 1 per cent of their total

But accidental poisoniags, at least as

officially reported, are the cause of rela-

tively few deaths. Suicides account for

about 75 per cent of all fatal poisonings,

statisticni study.

portant part, the report sald.

large proportion of suicides.

according to a World Health Organization

In accidental as well as purposeful poi-

Accidental poisonings by car exhaust,

also noted, remain far too frequent be-

Children are the principal victims of

homicidal poisonings, the study found.

Thus, in Canada, out of 16 polsoning

homicide victims, 13 were under 15 years

of age. In Japan the figure was 327 out of

361, in Belgium, six out of nine, and in the

Foderal Republic of Germany 60 out of 73.

Tha WHO study covered the years

Medical Tribune World Service

MONTREAL-Tha question whether the sex-

ual development of the montally retarded

should be encouraged caused sharp dif-

forences of opinion at the fifth Interna-

tional Congress on Mental Retardation,

There is strong evidence that mentally

retarded couples are much more likely to

produce retarded children than the general

Probably Due to Combination

"This does not necessarily imply that it

is due to inherited mechanisms, but is

probably dua to a combination of both en-

vironmental and inherited factors," said

Dr. John B. Fotheringham, of the Depart-

ment of Special Education at the Ontario

"It is my contention, therefore, that, as

population, a physician warned.

Institute for Studies In Education,

held here.

cause so easily avoided and may conceal a

soniogs, medicines and drugs play an im-

For more than 30 years, until he as-

major threat to human health."

board of MEDICAL TRIBUND.

Dr. Sabin to Retire as Head Of Weizmann Institute Jan. 1

REHOVOT, ISRAEL-Dr. Albert B. Sabin will retire from the presidency of the Weizmann Institute of Science on January I for culminating in the development of the vacreasons of health, after holding that post for the past three years.

This was announced here at the annual meeting of the institute's board of governors, by Abraham Feinberg, chairman, who expressed the iastitute's decpest re-Dr. Sabin, who re-

cently underweat open heart surgery, will spend the coming year in the United States at the National

Institutes of Health as a Fugarty Scholar. The board of governors elected Prof. Israel Dostrovsky, the institute'a vicepresident, as acting president and chief executive officer. Professor Dostrovsky, a physical chemist, has been a member of the institute's scientific ataff since 1948, much of that time as head of its isotope research department. From 1965 until 1971 he also served as director general of the Israel Atomic Energy Commission.

Dr. Sabia, who is 66 years old, assumed the presidency of the Weizmanu Institute of Science on January I, 1970, after four decades in medical research. On January 27, 1971, President Nixon named him a 1970 winner of the National Medal of Science, the U.S. Government's highest

Primary Cancer of Stomach Rate In Europe Held Close to Japan's

Medical Tribune World Service From West German Edition

PARIS-Improved Investigative techniques show that primary esrcinoma of the stomnch is just as prevalent in Europe as in Japan, a Swiss Investigator told the second European Congress on Digestivo Endos-

Dr. Miller, who is consultant physician in gastroenterology at the Solothurn general and Niederblpp district hospital, Switzerland, said that in Japan 28,390 clinical examinations for primary carcinoma of the atomach ahowed a mean of 0.88 por cent. In Switzerland, he said, incidence figures in the 1968-71 period include: Clemencon (Oiten), 0.72 per cent in 1,250 examinations; Baumgartner (Wintarthur), 0.66 per cent in 450, Miller (Soiothurn), 0.61 per cent in 1,291.

In Copenhagen, Bisgaard-Pedersen found 0.95 per cent cases of primary stomach carcinoma in 2,300 axaminotions, while in Stuttgart, West Germany, Heinkei recorded 0.5 par cent in 3,000, Dr. Miller

"These figures," he commented, "go to ahow that whenever systematic examinations for primary carcinomas are undertaken, they are found to be as frequent in Europe as in Japan."

Amniotic sac may be of further use as a

biologic dressing in the treatment of

Ultrasonic study is believed desirable

during cranlotomy to make up for limi-

tations on echoencephalography pre-

Assessments of manpower needs in the

health professions have been requested

uf the National Institutes of Health by

CLINICAL NEWS NOTE: "Clearly it would be useful to have more universally applicable criteria which would identify with more certainty [the chronic bronchitic] who will **NEWS INDEX** develop progressive disabiling [lung] disease." (Dr. J. T. Sharp, page 1.)

Medicine: pgs. 1, 3, 4, 5, 8, 22, 23 Ob/Gyn pgs. 1, 2, 3, 4, 29

Roentgenography may help diagnosa late complications of uterine dilatation burns and other massive open wounds . . 8 and curettage3

> Malignant gynecologic tumors in children arc found to be responding to superradical therapeutic methods4

Pediatrics: pgs. 1, 3, 4, 29

Immunization against rubella for women of childbearing age is recommended by a New York pedlatrician but with provisos about selection of patients 3' in a grossly obese patient

Research: pgs. 1, 3, 22, 23 Apoplexy research is termed "one of the clearest examples of the current problematics of medical science"22

Surgery: pgs. 1, 3, 5, 8, 9, 22, 28 New polyurethane foam-filled cuff, said to produce less tissue necrosis than standard cuffs, has been designed for use on endotracheal tubes5

Ileai bypass surgery is reported to have achieved a sharp reduction of fat cells

GPs Are Believed at Risk Of 'Colonization,' Turning Into Psychosocial Doctors Medical Tribune World Service

MILLIOURNE, AUSTRALIA-The general practitioner runs a risk of being "colonized" by the social workers and other uncillary personnel un the health team and

of becoming purely a "psychosocial" doctor, a principal in a Melhourne group practice warned the fifth World Conference on General Practice here. 'The speaker, Dr. Neil E. Carson, said

the G.P. should be the "core" of the health team. "What's the point of dolag eight veurs' training for general practice if your ioh only requires four years' study in social work?" he asked.

But Dr. John H. Owen, a British G.P., whose time was "The Social Worker Joins the Team," cited a survey indicating that over one-third of patients consult their physicians because of social problems.

Balleves Health Team Will Grow

Dr. Owen prophesied that the health team will grow to include paramedical colleagues, such as physiotherapists, occupational therapists, orthoptists, speech therapists, trunsport officers, and possibly even medical photographera.

Dr. Earl Duna, n member of Toronto University's Fumily Medicine Department, argued that the family doctor should not necessarily regard himself as the leader of the health team. The team would function best if all members had equal status irrespective of their abilities and competence, he asserted.

In a new health center formed by Toronto University, he related, a surse is the team leader in the sense that the coordinates activities and has the final say if team members disagree.

Dr. Selwyn J. Carlson, a Christchurch, New Zealand, general practitioner, said: "We should make no hones about it. The (1.1'. is the over-all lender of tha team. The G.P.'s colleagues in the health team-the nurse and the social worker-are his expert assistants."

At a press conference later, Dr. Dune expinined that he is ugainst a hierarchical structure in the health team mainly be cause he wants to prevent patients from manipulating team members.

"If the G.P. is ohviously the team lemler, then u patient who has been told something by the nurse can go to him and try to have the mivice reversed," he said.

Dr. Dunn believes that nurses, sociel workers, and other allied health professionals should do some of their training with medical students, to prepare them for teamwork later.

Dr. Carson strongly criticized the coacept of the G.P. and the health center to cently advanced by an Australian Medical Association study group on medical planning, which expressed the view that GPs should not develop special interests in surgery or general anesthesia.

courses in sex education for tha mentally These proposals spell the end of gen retarded" and "a pushing togethor of reeral practice," Dr. Carson said, "Group tarded males and femalea without being practices should not be prevented from sensitive as to whather they want to be offering major specialist services."

FEATURE INDEX

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MEDICAL TRIBUNG It published each Wednerday by Medical Tribune, Inc., 880 Third Assure, New York, N.Y., 10022. Controlled Cheering portage paid or Formingdale, N. L. 11733. Subscription \$12.50. Students, \$7.50.

Roentgenography Aids Diagnosis In Dilatation-Curettage Problems

Wednesday, December 20, 1972

WASHINOTON-Roentgenography can help diagnose delayed complications of uterine dilatation and enrettage as well as prevent problems related to the intra-amniotic injection of saline in abortion programs, two Bronx, N.Y. physicians said here.

The delayed sequelae of dilatation and curettage that the radiologist may expect to encounter include the development of uterine adhesions or synechiae-the Asherman syndrome - and incompetence of the internal os. Drs. Wilhelm Z. Stern and Leo Wilson told the annual meeting of the American Roentgen Ray Society.

"Roeatgen examination is the key to the diagnosis of the Asherman syndrome," said Drs. Stern and Wilson, of Monteflore Hospital and Medical Center-Morrisania Hospital.

Films of the utcrine cavity show bizarre and sometimes linear or ovoid filling defects, which may be single or multiple, large or very amail, and generally well demarcated and not effaced by increasing amounts of contrast.

May Occasionally Branch

The radiolucent defects may occasionally branch or may resemble a heart or a window. The distinction from air bubbles is apparent, since the latter are round and inconstant images.

Drs. Stern and Wilson and they used a simple method to attidy the Internal os or cular injection can be seen under fluorouterine lstbmus-a convectional hyaterogram in which the lower cervical capal is obturated with a rubber acorn. Three or 4 ml. of contrast is introduced into a balloon within the uterine cavity, traction is exerted on the balloon, and a roentgenogram is obtained. A small amount of contrast is then removed from the balloon, and further traction is exerted while the x-ray is repeated. A balloon will then usually assume the shape of the isthmus and upper cervical canal, allowing their evaluation.

Of the 3,569 elective nbortions per-

formed at Morrisania City Hospital bctween July 1, 1970, when New York State liberalized its abortion law, and June 30, 1972, 813, or 23 per cent, were induced by intra-amniotic hypertonic saline injection. The length of pregnancy in \$1 per cent of the 813 patients was between 15 and 20 weeks. Abortion occurred from 12 hours to four days after saline injection, with most patients aborting in 24 to 36 hours.

"Amniocentesis is usually a simple and casy procedure," the physicians said.

"However, in 4.5 per cent of cases there was difficulty in obtaining amniotic fluid. Obesity, uterine fibromyomata, a small uterus, overestimation of gestational age. oligohydraninios, various malpositions of the needle tip, or a hydatldiform mole may account for the failure to obtain amniotic liquid."

To overcome auch difficulties and avoid the possibly dangerous lodgment of the t6-gauge needle intramuscularly, intraperitoneally, or intravascularly, watersoluble contrast medium may be injected through the same needle to enhance its propor placement in the amniotic sac.

"Radiological monitoring is particularly helpful in the carly stages of ao abortion program when extensive experience is lacking," the physicians said. "Malpositions of the needle tip in the peritoneal cavity are readily recognized. Similarly, an inadvertent intraplacental or intravasscopic control, and serious reactions are averted.

One reason for the failure of amniocentesis may be the presence of a hydatidiform mole, in which case the amniotic cavity does not develop properly. The injection of radiopaque contrast medium into the uterus helps establish the condition by resulting in a highly characteristic appearance of multiple small spheroid radiolucent images due to the cystle, grapelike villi in the reticulated contrast network of the intervillous spaces.



Two Federat grants bave enabled the University of Maryland School of Medicine family practice program to expand the training of school's students and residents Two potleots in the program, above, talk with senior medical atudent Jeff Blum



Discussion case with atodent David Hernian, Dr. Steve Levin (wearing glasses) employs x-ray. In the program, specialists and consultants discuss apecifics with residents. Residents also travoi aad are able to participato in conferences and



Thomas Long, sanior medical student at the U. of M., assists patient in registration. Students will leave the school for a three-month period and work closely with preceptors, usually physicians in private practice, Dr. Roy Guyther, Associate Professor of Family Proclice, is courses in other parts of the country. director of the preceptorship program,

spondlog munths of 1970 and 1971, Many

of the viais distributed this year were re-

Rubella Vaccine Urged for Young Women, but Within Limits

NEW YORK - Immunization against rubeiln for women of childbenring nge was recommended here by n New York University pediatrician but with important provisos about selection of patients.

No woman should receive rubella vaccine unless she has first been tested by specifically trained technicians and found susceptible to the virus, Dr. Saul Krugman sald during a discussion of immunizing agents at the annual meeting of the Amerlcan Academy of Pediatrica. Dr. Krugman serves on the A.A.P. Committee on Infectious Diseases.

Noting that about 85 per cent of women are immune to rubella, the investigator warned that failure to find out the status of each woman before administering the vaccine will lead to trouble if ahc should become pregnant.

This has been the sequence of events in nore than 200 cases on record, he said. Since no one knew whether or not the women had originally been immune, a this country, despita tourist travel. lumber of therapeutic abortions—"many of them unnecessary" --- had to be per-

Dr. Krugman's second stipulation is at any woman considered a candidate or rubella vaccine ahould definitely not pregnant at the time of immunization nd should be cautioned strongly against ecoming pregnant for at least two months fterward. Studies of women already cheduled for therapeutic abortion, he dinted out, have demonstrated that ruella virus can be recovered from fetal dssues if the vaccine is givan in advance of pregnancy interruption.

of the country, Dr. Krugmao believes the of the disease in 1970 and 1971. A num-

girls and women of childbearing age as have been caused by breaks in technique, possible, while continuing all efforts to inimunize children.

The success of the child immunization program-which dates from licensure of the rubella vaccine in 1969 - canoot be fully evaluated until sometime next apring, the investigator said. Rubella epidemics usually occur every six to nine years and the last one struck in 1964.

But Dr. Krugman cited tha experience registered last year in Bermuda as evidence that intensive immunization efforts here may have spared the United States an epidemic in 1971. The pattern of epidemics has been similar in these two countries for more than four decades.

Bermuda did oot develop an immunization program and in 1971 bad tha beginnings of a significant epidemic that was aborted only when thousands of doses of vaccine were administered to children. No corresponding rise in cases was seen in

'This doesn't mean we have the answer to the problem," Dr. Krugman commented. "All we can say at the present time is that the prognosis looks good."

Reports Presented on Status Of Other Major Vaccines

From Duke University

Reports on the current status of other major vaccines were outloed during the discussion by Dr. Krugman and copanelist Dr. Samuel L. Katz, of Duke University School of Medicine, who heads the A.A.P. Committee on Infectious Diseases. Now that facilities competent to test for • Ralaxation in the program of measles exceptibility are nyadable in many areas immunization led to a "mild resurgence"

"time has come" to immunize as many ber of reported cases of vaccine failure compared with nearly 800 vials in correincluding the practice of nilowing the diluted vaccine to remain exposed to light for hours before administration.

 No change is being made at this time to recommendations about pertussis vaccine but surveillance continues on the incldence of untoward reactions.

 In the year following the recummendation to discontinue routine smallpox vaccination, there has been a marked decrease in use of vaccinia immune globulin. Between January and June of this year, fewer than 300 vials were distributed,

quested for prophylactic use rather than for treatment of complications. Influenza veccine is recommanded only

for children in high-risk groups.

 The efficacy and safety of such combined vaccines as the measles-rubella and measlea-mumps-rubella agents has been demonstrated. Additionally, it is feasible to adminiater rubelia vaccine (Cendehill strain) and Schwarz measies vaccine in separate syringes—and at different sites—

Med Schools Said to Ignore Research on Patient Care

Medical Tribune Report

MIAMI, FLA .- Dr. Howard H. Hiatt, dean of the Harvard School of Public Health. criticized medical achools for having largely ignored research on the quality or effectiveness of patient care.

While "biomedical research has helped provide a solid base of scientific critique to medical education and patient care . . . and cardiac surgery, have been the draimproved medical measures often have negligible effects on health in the absence of improvement in nonmedical factors," he told a meeting of the Association of American Medical Collegea.

He cited as an example a study carried out in a rural Indian community that was beset by illness and poverty. It was found that medical care alone, without other soclai change, had a limited effect on health

parametera, including infant mortality.
"Mechanisms abould be created," Dr. Hiatt said, "to examine not only what a new treatment will cost, but in a wurld uf limited resources, whether it is worth more

than what we must give up in its place. If, for example, the coronary care unit should be shown to belp some patlants with cardiac disease, how do its costs and benefits compare to those of activities that have been displaced?

The very areas of startling technical success in medicinic, such as renal dialysis matic provocations that underscore the problems of limited resources."

ECTOPIC BEAT

"Dr. Anthony Dobell who led the original transplant team, sald Mr. Parkinson's heart 'was working until tha

-New York Times. Annther breakthrough? (Regular beatt Immateria Medica, page 30.)

Mexico vs. Wisconsin



A young child from Huixquilucán, Mexico, part of a cholesterol study of 500 children ages five through 14 from Mexico and Monroe, Wis., being conducted by tha U. of Wisconsin, is given a blood test. Researchers, led by Rjurk Golabjatnikov, have found that cholesterol levels of the Wisconsin children are nearly double those of Mexicans. Child Gynecologic Tumors Yielding to Therapy

St. Louis-While malignant gynecologic tumors in children were once aearly always lethal, some success is now being nehieved, thanks to a better understanding of these tuniors and the use of new superradical therapeutic methods, Drs. Julian P. Smith, Felix Rutledge, and Wntaru W. Sutow, of the University of Texas M. D. Anderson Hospital and Tanan'r Institute, reported here.

They reviewed their experience with 33 such patients, all under the age of 14 years, at the 40th annual meeting of the Central Association of Obstetriciums and Gynecologists. The most common site of the cancer was the ovary, as was seen in 22 of the 33 patients. Other sites were the vagina, in five patients; the hladder, in three; and the vilva, in two. One patient was seen with a rhabdomyosarcoma of the uterus.

In pediatric paticats, they noted, ovorian cancer differs in several respects from that is adults. While epitheliol tumors are most common in the latter, in children the germ cell tumors-malignant teratomas, dysgerntinoma, embryonal carcino-

frequently extends beyond the pelvis when and a half years after surgery and two first examined, in the pediatric putient this is less frequent. Ascites, a frequent cancer patients, was present in only six of their nationts.

"Location and treatment with adequate irradiation of the sites of metastatic disease," they said, "may alford the patient with dysgerminoma of the ovary a chance for cure." All six of their patients with pure dysperminoma, they reported, "are without evidence of cuncer three to four and a half years after treatment."

Intanalvo Chemothornpy Holps

Children with embryonal carcinoma of the overy, they said, may benefit from intensive elieutotherapy used in addition to the indicated surgical procedure. Noting that this tumor is radioresistant, they recommended that postoperative irrudiatinn be used "only when the greater part of the tumor is dysgerminoma or if the

tumor has metastasized as dysgeratinoma." Of six patients with embryonal careinoma of the ovary who received postoperative elemotherapy, they reported, ma, and choriocarcinoma-predominate. four are still receiving chemotherapy and Whereas in the adult patient the caneer another is without evidence of cancer four

years of postoperative chemotherapy. The sixth patient died. Of five patients treated presenting complaint with adult avarian with postoperative irradiation, however, all died from three to 16 months after I reatment for malignant teratoma, they

said, is similar to that for embryonal carcinoma, "except that both ovaries and the merus should be removed since these fumors are frequently bilateral." One of their patients with a teratoma has recently completed two years of chemotherapy and it has now been possible to half this freatment, they reported. Another child died three months after surgery and chemotherany.

One patient with choriocarcinoms of the ovary who was given chemotherapy is at present in complete remission with normal human chorionic gonadotropia titers for eight months, the physicians

For patients with rhahdomyosarcoma of the pelvis, the most effective treatment, they said, may be a combination of chemotherapy and irradiation. Their one patient was a five-year-old whose tumor had been partially removed in another hospital When first seen at their hospital, the tumor filled most of the lower abdomen and was thought too large to be removed with radical surgery. She was given chemotherapy combined with irradiation and "is living without evidence of recurrent sarcoma more than three years after completing her treatment," the investigators reported.

Pelvie exenteration has improved the situation for patients with sarcoma botryoides, which they said is the most common malignmnt lumor of the lower genital tract in children and is associated with lymph node metastases.

"Since this tumor arises in the connective issue of the wall of the vagina, bladder, cervix, and uterus, ohviously any surgical procedure that divides the vagina or cervix from the bladder or rectim may ent through the innur to leave microscopie faci behind," they warned. "It is idso necessary to remove the entire vigina or bladder as sarcoma borryoides may be multifacal."

Three of six girls who had privic exerteration, they reported, are without ovidence of recurrent cancer more than three years after the surgical procedure and one who had an exenteration 14 months ago Is living without evidence of cancer. Two of the six died, as did one child who underwent radical hysterectumy and vaginectomy.

Comprehensive Care Aldes

To Be Trained at Hopkins

tract to train workers needed to deliver

comprehensive cure in o Health Mainle-

nance Organization has been received by

the Johns Hopkins University School of

Health Services from the Health, Educa-

A lotal of 59 persons will be trained in

ambululory and inpatient care, including

health and emergency room associates and

ossistunts, coronary care associates, and

awarded under the Comprehensive Health

COMING NEXT ISSUE

Earlier trantmant of patients

with high renin lavels urged.

All forms may reault from alter-

Manpower Training Act of 1971.

Hypertension

Cancer

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tion, and Welfnre Department.

Medical Tribune Report



Tablele of 100 mg. importoni Note: This drug le nai a simple enalgosto. Do not edminider casuetty. Ceratully evaluate patients before sisting treatment and keep them under close supervision. Obtain o detailed history, and complete physical and feboratory exemination (complete hismogram, urinstysis, etc.) before prescribing and all frequent intervate theseller. Coreluity ecicof patiente, evolding those responsive to routine meseures, contraindicated patients or those who caneed be observed frequently. Wern patients not to exceed recommended dosago. Short-term reliated of severe symptoms with the emailiant possible dosage is the goal of the repy. Dosage should be taken with maste or a full glass of milk. Patients should discon-

of the repy. Doesge should be taken with maste or a full glass of milk. Pellents should discontinue the strue and report trenddelsty any sign of; lever, sore threet, oral le stoss laymptome of blood dyeorasis) dyspepels, opigesfric peln, symplome of esemie, black or tarry clouds ar other evidence of Intestinal utcaretion or hemorrhoge, skin rescitons, significant weight gate or edema. A one-week trial period to execute the structure of the stru

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A.M.A. House Agrees to Drop **Drug Council, 9 Other Units**

Continued from page I

Wednesday, December 20, 1972

Academy of Pediatrics to discontinue routine immunization of children against satalipox. Instead, the House approved a policy statement reading, in part:

"Physicinus, while observing contraindications, bave the option of immunizing petients against smallpox, whether or not immunization is required by the U.S. Public Health Service or other countries."

A committee report to the house on the matter saw that there is "obviously an irreconcilable difference of opinion among practicing physicians on the benefits derived from routine smallpox immunization programs and the degree of risk from the vaccioe.

The report, however, also noted "poteotial liability problems" because of the earlier recommendations by PHS and the Academy of Pediatrics. The delegates, in effect, voted to make such judgments a matter for the individual physician.

Money Saving Bolstared

The money-saving efforts by the A.M.A. trustees, annouoced several weeks before this convention, were bolstered here by a 48-page booklet on the 1973 budget, which was distributed to all the delegates. Its figures indicate that the organization is slowly pulling itself up from its 1970 fiscal nadir, wheo it lost nearly \$3,000,000. The loss io 1971 on operating expenses was hardly \$1,000,000. The incomplete 1972 figures Indicate a move into the black by \$742,000.

Besides axing the four councils and six committees, the trustees also orderedand the delagates approved-such tighteoing-up procedures as keeping council and committee meetings to the Chicago headquarters city (although the truslees themselves will next meet in Florida) and cost-cutting efforts.

to have its first monthly issue ready by next April. According to the trustees' description, it will "become a prime source of practical information to the practicing physician and also will coatain features on personal finances and travel. "One trustee told the house that it is costing \$1,200,000 to bring Prism through its first publishing year, during which time the advertising income is expected to be \$800,000. By the end of the second year, the trustee said, the publication should be "at the breakeven point."

· Approved bestowing the A.M.A. cita-

tion of a loyman for distinguished service on comedian Bob Hope for his personal contributions to the Eisenhower Medical Center, such as 80 acres in Palm Springs, Calif., and his benefit performances in behalf of medical care projects.

students to be members of the A.M.A., batting down a suggestion from a student delegate who conveyed the opinion that \$10 is more appealing."

penditures. In all, the trustees see a 1973 saving of about \$840,000 through the

Another fiscal maneuver, however, was presented here as more of a cost-juggling move than a cost-pering onc. This will etop the free distribution of one of the 10 A.M.A. specialty journals to members. But that seving will be offset by the free distribution of a new A.M.A. "socioecononile magazine" to all of the members.

The magazine, called Prism, is expected In some other matters, the delegates;

Set the dues at \$15 a year for medical

 Held up approval of a statement on the "function and structure of a medical school," which has been three years in the writing in collaboration with the Association of American Medical Colleges. The minimizing a number of housekeeping ex- deloy, by referral, followed floor argu-

Wellighanger Manga v

LI Shih-chen



A diligeat scholar during the Miag Dynasty, Li Shih-chen (1518-93) preferred medicine to the classics. He spent 27 years of his life compiling the Grent Herbal, which consisted of 52 volumes, two indexes of diseases, and three books of illustrations. Detailed in this classic work were 1,074 drugs of plant origin, 443 of animal origin, and 354 from minerals, with the source of each and its preparation and dosage for each particular ailment or diseasc. Among those mentioned were chnulmoogra oil, ephedrine, and kaolin. The Peoples Republic of China issued the stamp in 1955 as part of a series on famous scientists of oncient China.

Text: Dr. Joseph Kler Stamp: Minkus Publications, Inc., New York

ments that included the fear expressed by a California delegate that the stalement provided "a facade behind which medical eenters can bide to offer health care,"

 Asked the trustees to atudy approaches agaiost malpractice suits such os recent California legislation that makes a ploinriff post bonds to cover court costs and attorney's fees if he loses.

· Vowed to lead a campaign against goaorrhea, but not in the manner of the delegate who suggested that "the Ten Commandments also were dama good

Diet Supplements May Cut Perinatal Deaths

Continued from page 1 Health and Administrative Medicine, said the study clenrly established that women's prepregnancy weights and the poundage gained by time of delivery are two key factors in determining birth weight of iofants.

Provided these factors ore taken into account, the effect of materoal age, parity, and income turn out to be "trivini," Dr. Rush told a symposium held here by tha Iostitute of Human Nutrition, Columbia University, with sponsorship by the National Foundation-March of Dimes.

Halght Alona Not a Factor

He added that height slove is not a factor so loog as this dimension is considered in its relation to prepregnancy weight and gain during pregnaocy.

Two other aspects of the women's histories did prove significant, according to Dr. Rush-prior birth of a low-weight infant and a history of smoking during pregoancy. He lermed smoking the "most letbal of all environmental factors" revealed by the study and estimates that it results in a 30 per ceot increase in perinatal mortality

The perinatal mortality rate in Harlem, an area of New York inhabited primarily by blacks, was 72 per 1,000 live births in 1965, or almost double the rate in a typical white, middle-class area, Dr. Rush said. About 17 per cent of black infants were of low birth weight compared with 7 per ceol of the whiles.

A pilot project is now under way to supplement the nutritional intake of women registered in Hariem Hospital's prenatal clinic, he reported, Women agreeing to participation are selected on a randomized basis to receive one of two types of daily diet supplement-a high-protein, high-calorie beverage providing approximately 40 Gm. of protein and 450 calories or a beverage yielding 300 calories and 6

The program will eventually include

1,000 woman. An evaluation will be made of the effects of maternal nutritional supplementation on birth weight, and the investigators will make follow-up studies to see if this supplementation has ony effect oo postnotol development of infonts.

Pregnancy Supplements Raise 'Infants' Mean Birth Weight

From Instituto do Nutrición ► A similar program conducted among pregnaot women in four Impoverished villoges of Guatemala has already produced evidence that even modest supplementation of caloria lotaka during pregnancy will raise the mean birth weight of infaots.

Each 10,000 calories given to augment the diets of such women increased the avarage birth weight of nawboros by 50 Gm., said Dr. Jean-Pierre Hnbicht, of the Instituto da Nutrición da Centro América y Penama. The supplements used ware beverages, one containing 18 per cent of its calories in the form of protein and the other of Identical calorie yield but without

The association between higher birth weight and maternal diet supplementation

was independent of maternal age, parity, and height, Dr. Habicht noted. Othor unrelated fuctors were length of gestation, interval since last birth, home diet, illnesses during pregnancy, sex of infant, and socloeconomic status,

Two study findings wore described by Dr. Hablehl as surprising. The investigalors had expected, he said, to observe a difference between the results achieved with the protein-rich supplament as compared with those produced by extm cai-

ories alone. Instead, the presence of prolein apparently had 'little if ony additional effect" over that of calorie intake. "We have, bowever, measured tha results only io the quaotitative terms of additional birth weight," Dr. Habicht com-

mented. "It remains to be seen if 'more' baby means 'better' baby." The second surprise was that the timing of the supplementation during pregoancy seems to make little difference in the effect

oo birth weight. The differences scan in birth weights between infents of poorly nourished mothers and those born to women oo supplemeoted diets were similar regardless of when the extra calories were

Social Problems Are Held Chief of Those Unsolved

MIAMI BEACH, FLA.-The most criticel unsolved health problems that confront acsdemic health institutions entail social and environmental factors that have been neglected in the past, Dr. Howard H. Hlatt, dean of the Faculty of Public Health, Harvard University, said here at the annual meeting of the Association of American Collegas. Problems include mantal disorders, behavioral aspects of health maintenance, geriatric and other chronic illnesses, difficulties in access to health care, and the effects of poverty on health, Dr.

Hiatt said. decades bas been the assumption that our rangements will be required."

responsibilities began and eoded with biologic research and its application to individual patients," he emphasized.

Academic health centers have omitted to establish any over-all health research policy, to evaluate adequately the benefits and costs of clinical procedures, and to take an active interest in patient care research, Dr. Hiatt sald.

Current problems cannot be solved without the help of experts in such nonmedical fields as law, economics, business management, decision theory, engineering, and ethics, he said, adding that to obtain their participation "oew kinds of people "One of our major mistakes in recent must be trained and new institutional arilli de ite y VI

Detecting Colon Cancer

Bur FALO, N.Y.-Careinoembryonie antigen (CEA) testing can be useful in detecting eancer of the colon while the tumor can still be removed, it was reported by Dr. Douglas Holyoke and Tsann Chu, Pb.D., of Roswell Pnrk Memorial Institute here.

"This cancer-monitoriog ability of the CEA assoy is helpful in deciding the type and timing of treatment," Dr. Holyoke commented. "For example, after surgery, radiotherapy, or chemotherapy, if the canecrous tissue has been removed or otherwise destroyed, the CEA assay will fall over a period of 14 days and remain at that lower level. However, if the CEA rises, there is reason to believe that the cancrous tissue has not been removed or completely ilestroyed."

A paper by Drs. Holyoke and Chu on CEA assay in patients with carcinoma of the digestive tract has appeared in the Annals of Surgery.

New Endotracheal Cuff

KYOTO, JAPAN-A new polyurethnne foemfilled cuff that is said to produce less tissue necrosis than standard cuffs has been designed for use on endotracheal tubes.

In one long-term study of 20 patients intubated for up to six days, thera was no significant evidence of tracheal wall damage, delegates to the fifth World Coogress of Anesthesiologists were told by Dr. Carolyn Wilkinson, Assistant Professor in the Department of Ancithesia at Northwestern University Medical School, Chl-

The new cuff was made by removing the cuff of a red rubber (Rusch) endotracheal lube und replacing it with a polyurethane foam cuff, 4 cm. in diameter, which was sealed with a latex covering so as to cnclose the form in on airtight sheath.

When suction is applied to the pilot tube, the cuff dofintes to about 6 per cent of its inflated volume. Releasing the negative pressure allows the polymethane foam to self-inflote and to make contact with the tracheal wall.

Warning on Anesthetic

Mexico City-A recommendation that nicthoxyflurane be limited to short surgical procedures or withdrawn from general use was made at the fifth international Congress of Nephrology.

This was based on further evidence ineriminating the nnesthatic as a cause of chronic as well as acute renal failure. The evidence was offered by Drs. Benjamin A. Halpren, Richnrd L. Kampson, and Norman S. Coplon, of Stanford University.

Two cases of methoxyflurane nephropathy that progressed to chronic renal failura ond Interstitial fibrosis wera dascribed. For two to three days following abdominal surgery under this anesthesia, the patients showed tha typical polyuric renal failure noted by various other authors. They theo, however, developed ollguric renal failure, requiring bemodialysis.

Both potients showed x-ray evidence of shrinkage of renal mass. Raoal blopsies disclosad iotertubular calcium oxalate crystal deposition and interstitiol fibrosis.

One patient died 14 months after surgery while under chronic dialysis. The other no longer requires dielysis.

Artificiai Skin Developed

Tokyo-A new type of artificial skin for assisting the healing process in burns and other injuries has been developed here. Its chief component is collagen from cows.

A joint research team from Tokyo University and a leather-manufacturing company said that the skin is made by enzymotically breaking down collagen to its basic units and than reconstituting il.

Clinical tests are now being conducted in many bospitals here, including Tokyo University Hospital. The results so far heve been favorable, according to Dr. Yasubisa Sakurai.



The management of anxiety: some important considerations

The increasing awareness of anxiety as a clinically significant factor is confirmed in the growing professional conviction that the understanding of anxiety is fundamental to the understanding of behavior and its reflection in the psychic and somatic reactions of modern man.

Increasingly, physicians are assuming responsibility for helping their patients to deal with this problem.

Before undertaking the management of anxiety, a number of factors must be weighed. Some important considerations are:

1. Is the patient's anxiety clinically significant?

The patient's anxiety is clinically significant if it is undue and excessive – that is, exaggerated, inappropriate, grossly disproportionate to the external or internal circumstances that trigger or sustain it. It is clinically significant if it produces an overreaction to stress that manifests itself in psychic and somatic consequences, provoking functional complaints or exacerbating organic symptoms. It is clinically significant if it seriously interferes with or depletes the patient's capacity to handle the pressures and problems of life.

2. Why is it important to distinguish between clinically significant anxiety and normal anxiety?

It is essential to distinguish between clinically significant and normal anxiety because only the former requires treatment.

Clinically significant anxiety exerts a destructive pressure that needs skillful professional intervention until it is relieved and the maladaptive behavior and negative reactions it induces subside. Clinically significant anxiety can overwhelm, sometimes even immobilize, a patient, exacerbating many conditions - angina pectoris, ulcerative colitis, peptic ulcer - compromising convalescence, as for instance from myocardial infarction. It is a liability that should be discharged.

Normal anxiety, on the other hand, is a reasonable, appropriate force that, in moderation, increases alertness and effort, mutivates learning and growth, expedites decision-making and action, stimulates adaptation. To treat it would be to deprive the patient of the growth-conducive benefits of developing positive coping mechanisms with which to face and solve the problems of daily living, it is an asset that should be conserved.

3. What are the therapeutic options in the treatment of clinically significant anxiety?

Once the patient's anxiety has been diagnosed as clinically significant and therefore deserving of treatment, the physician may consider a number of therapeutic approaches to be tried in sequence and to be used singly or in combination as the situation warrants.

First resort is counseling and reassurance, frequently sufficient in themselves to help the pa-

tient recognize and modify his maladaptive behavior, often encouraging him to undergo a corrective experience and learn less anxious, more appropriate ways of living.

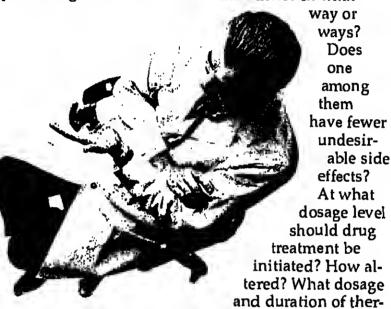
Second step is the identification and mobilization of any favorable factors in the patient's environment that could conceivably help to reduce his anxiety.

Third measure—if the former two prove insufficient—is to add pharmacotherapy, tailored to the individual patient's needs and response, monitored frequently and terminated as soon as the patient, relieved of the symptoms of excessive anxiety, can once more perform effectively without psychotropic medication.

On occasion, the patient's condition may necessitate referral to a psychiatrist or admission to a psychiatric facility.

4. What enters into the selection and use of a particular drug for the treatment of clinically significant anxiety?

This question can best be answered by asking other questions. What criteria determine which drug treatment is applicable? If several drugs are promising, is one better than the others? In what



apy are optimal for the relief of a given degree of excessive anxiety, considering both short-term benefits and the possibility of symptom recurrence? What effects may be due to the patient's environment? Does the drug interact with other drugs in the patient's total medical regimen? How long will it be before the patient can perform effectively without it and therapy can be terminated?

5. How closely should the drug treatment of clinically significant anxiety be monitored?

Because response to drugs varies from individual to individual, frequent supervision of the patient is necessary to appraise the drug's efficacy at different dosage levels and at different stages in therapy

and to determine how soon drug treatment can be terminated. Furthermore, such supervision insures that the patient does not exceed the prescribed dosage. And close monitoring is essential if the patient is known to be addiction-prone or when his history suggests he may increase dosage on his own initiative, improperly using a pharmacologic refuge to escape from solving the daily problems of living and adjustment.

6. For how long should the treatment of clinically significant anxiety be maintained?

Therapy should be continued until the patient's anxiety has been reduced to appropriate, tolerable levels. If treatment combines counseling, the utilization of favorable factors in the patient's environment and pharmacotherapy, it is reasonable to expect that the patient will undergo a corrective experience and acquire less anxious, more appropriate ways of living as well as symptomatic relief. These improvements will signal the termination of

for clinically significant anxiety

Librium (chlordiazepoxide HCl) 5-mg, 10-mg, 25-mg capsules

Before prescribing, pteese consuit complete and psychological dependence have rarely been product information, a summary of which follows: reported on recommended doses, use caution in Indications: Relief of anxiety and tension occurring alone or accompanying various

disease states. Contraindications: Patients with known nypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS: depressents. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical

administering to addiction prone individuals or. those who might increase dosage; withdrawal symptoms (Including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential

benefits be weighed against its possible hazards. Precautions: In the alderly and debiliteted, and inichildran over six, limit to smallest effective rage) have been reported in psychiatric patients dosage (initially 10 mg or lass per day) to

preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acule and hyperactive aggressive children Employ

usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal raiationship has not been established clinically.

Adversa Reactions: Drowsiness, etaxla and confusion may occur, especially in the elderly and dabilitated. These are reversible in most also occasionally observed et the lower dosage

ranges. In a few instances syncope has been reported. Also encountered are isolated instances 5 mg, 10 mg or 25 mg chlordiazepoxide HCI. of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido-all infrequent and generally controlled with dosage reduction; changes In EEG patterns (low-voltage fast ectivity) may appear during and after treatment; blood dyscrasias (including egranulocytosis), jaundice and hepatic dysfunction have been reported occasionelly, instances by proper dosage adjustment, but are making periodic blood counts and ilver function tests edvisable during protracted therapy.

Supplied: Librium® Capsules containing Libritabs® Tablets containing 5 mg, 10 mg or 25 mg chlordlazepoxide.



Roche Laboratories.

Division of Hollmann-La Roche Inc.
Nutley, N.J. 07110

Amniotic Sac May Serve as a Burn Dressing

SAN FRANCISCO-The abundantly available amniotic sac, normally discarded post partum, can he of further use as a biologic dressing in the treatment of burns and other massive open wounds, according to a group of Yale University plastic sur-

Dr. Martin C. Robson, Instructor in Surgery, told the American College of Surgeons here that data from animal experiments and prellminary indications from experience with 50 burn patients showed that the fetal membrane dressing "appears to be just as good as homo- or xenografts" in controlling infections.

Dr. Robson remarked that the fetal membranes, changed every two days, are "now used as standard biological dressings" at Yale-New Haven Hospital "for all open wounds."

In one set of experiments with 32 rats. he noted, buman amniotic membranes were "1,000-fold" more effective than

humon skio xenografts in controlling growth of Pseudomonas aeruginosa in 20 per cent full-thickness scalds purposely dirtied with 108 organisms.

In another set of experiments with four 1.5-em.-square full-thickness excisions made in each of 10 rals and with each exeision inoculated with 5x105 Pseudomonus organisms, the human amniotic membrane was shown equal to isograft and for superior to allograft or xenograft in controlling infection.

Incomplete data from 12 human subjects with burns, dressed side by side in the same wound with fctal membrane and either allograft or xenograft, Dr. Robson said, indicate that the amniotic membranes are probably at least as good as the other biologie dressings in keeping bucterin growth low.

The reason for the efficacy of the membrane, he conceded, is undear, nithough be postuloted that the animotic membranc may "create a biologically closed wound

that is less complex histoingleally than skin," possibly through partial revuscularizotion. Complete revascularization, which at 4° C. has led to problems of rejection in previous attempts to utilize fetal membrane as a skin graft, was avoided by remuving the dressings every 48 limits.

Dr. Robson pointed out that fetal memhranes, in addition to being readily avail- D.D.S., and Dr. Thamas J. Krizek.

nble in large quantities at any general hospital, enn be cheaply and easily cleaned. sterilized, and stored. Cleaning and sterilization were done with sodium hypochlor. ite, and starage was simply refrigeration

Dr. Robson said he has used membrane stored as long as six weeks. Sterility, checked before any use, has never been compromised.

Counthors were Jonathon L. Samburg,

Ileal Bypass Reduces Fat Cells in Obese Male

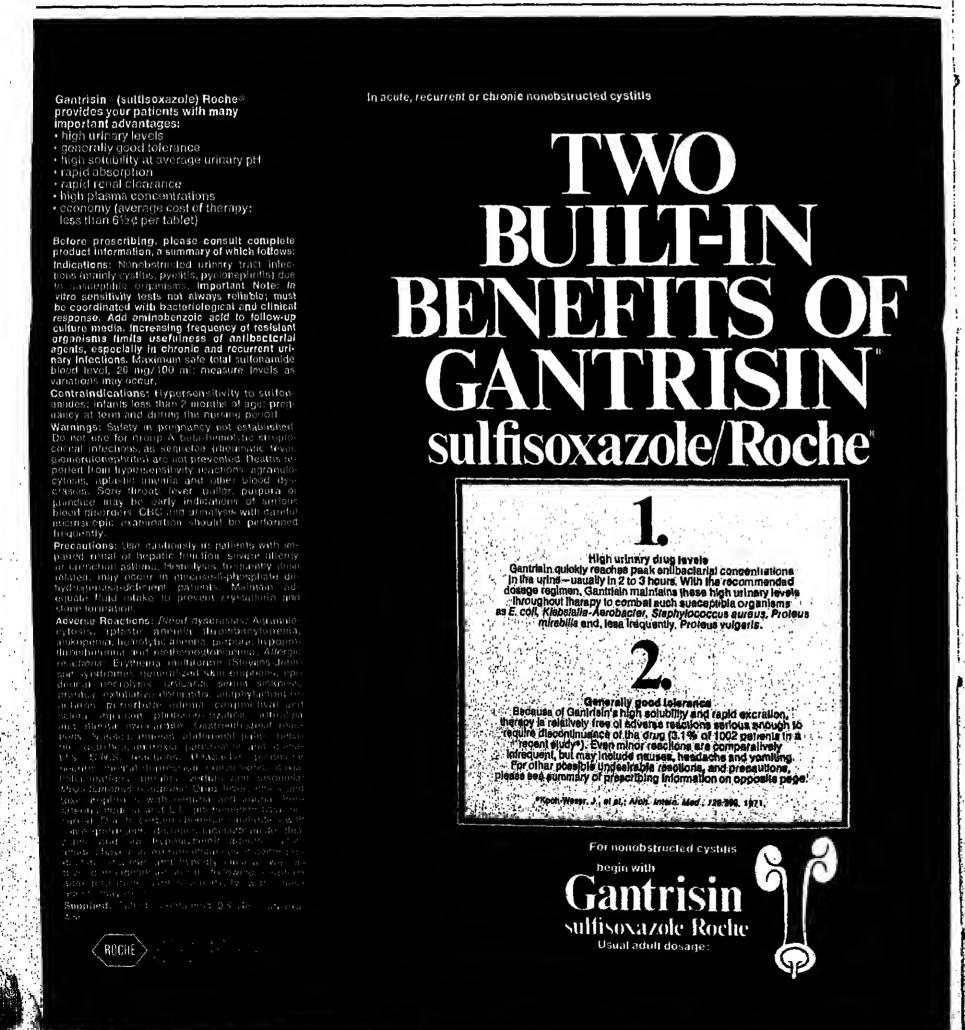
Medical Tellune World Service

Mexico City-A sharp reduction in the number of fat cells has been achieved by ileal bypass surgery in a grossly obese patient, the ninth International Congress of Nutrition learned here.

Dr. Donald B. Cheek, Professor of Pediatrics at Julius Hopkins University, re- tion that the number of fat cells was deported that in a live-year follow-up the patient was found to have reduced adipose tissue moss, from 125 Kg. to 50 Kg., and

to have lost half of his fat cell number. There was an over-all reduction of 100 Ke. of body weight.

Commenting on the report, Dr. George Bruy, Professor of Mediciae, Harbor Hoppital Campus, University of California at Los Angeles, suid: "Dr. Check's observacreased in a patient when weight loss was minintalned for a prolonged period does pravide room for cuttious optlmism."



One Man...and Medicine

Wednesday, December 20, 1972

ARTHUR M. SACKLER, M.D., International Publisher, Medical Tribune



Does Schizophrenia Protect Against Cancer?

DID YOU KNOW that if you have schizophrenia it may protect you against cancer. reduce the likelihood of your dying from coronary disease, and relieve you from the miseries of peptic ulcer, ulcerative colitis, and asthma? Who wants to make that deal? you may ask. But that isn't really

Nature's Expariments

the point.

The fascinating element is noture's ongoing mass epidemiologic experiments. Our close study and definition of such "natural" phenomena could lead to advances on a wide range of medical fronts.

About 1945 we had first noticed a number of challenging findings, ond at this time it might be interesting to focus in on one or two of these.

In the Inte '40s we noted the "exclusion" of certain somatic states in psychoses and the relation of psychle dysfunction to a ranga of physical disorders. My brothers and I then reported the following in a pnper in the Journal of Clinical and Experimental Psychopathology (Vol. XII, No. IV, 1951):

"It may be of interest to record at this point that a survey of 1505 consecutive necropsies performed at Creedmoor State Hospitol (1932 to 1949) revealed the fol-

- 2 prostatie coreinoma 3 proststie fibrosis
- 2 prostatic hyperplasia 12 breost carcinoma

Of these, none occurred among the 236 schizonhrenics autonated. Corcinoms of tha breast was found in 1 Involutional melancholle. The importance of this is emphysized by the fact that the schizophrenias constituted approximately 40 per cent of the hospital population in the years above mentioned. . . .

"In regard to the general problem of blood elotting and in vivo elotting as in coronary thrombosis and occlusion, it may be noted that the survey (referred to above) recorded 13 cases of coronory pothology. Of these, none occurred in schizophrenies."

Rarity of Cancar in Schizophrenia

These observations, reloting to the rority of earcinomos and fotal coronory occlusions among schizophrenics, suggested to us that in the schlzophreniaa we were dealing with metabolic processes, which processes seemed to exclude other metabolle disease. Those "excluded" or reduced in frequency were not just malignoneies and coronaries. At that time we also remarked on the absence or rarity of peptic ulcer, ulcerative colitis, as well as asthma and other allergies in psychotic popula-

The international checkout: "Mental patients rarely suffer or die from mailgnant neoplasms"... 4 vs. 15 per ceut i one country, 6.9 vs. 20 per cent in nnother, 5 vs. 17 per cent in still another...

The other day an International Mental Health Research Newsletter (Vol. 13, #4, 1971) came to our attention. After collecting 15 years of dato in a state hospital in Athena from patients with various forms of mental illness, the authors stated: "A recent inspection of these data revealed a startling finding made conspicuous by Its absence. Mental patients rarely suffer or dle from malignant neoplasms." Dr. Rassidakls and his co-workers then collected the data from another institution. Their pooled findings revealed that malignant naoplasms only caused death in 4 per cent of the mental hospital population as compared to 15 per cent in the general population. Checking this out with other coun-

tries, they found that in England and Wales malignont neoplasms accounted for 20 per cent in the general population and only 6.9 per cent in the psychiatric population. In Scotland the findings were 17 ner cent and 5 per cent, respectively. In Moseow, the Kashenko Hospital reported that only 0.1 per cent to 0.2 per cent of schizophrenics died from malignant neoplosms in a population of 2,500 patients. Confirming our report of more than 20 years ago, the authors suggest that schizophrenics in particular may have even higher resistance to cancer than those suffering from other forms of mental illness,

Partinent Findings Not Followed Up

When we had published our data, we had hoped that the infrequency or exclusion of malignancies and other metabolic states omong schizophrenies (and other psychoties) provided vital clues indicating metabolic substrates for both malignant psychic and somatic states. Interestingly, the authors of the recent report raise the question, "Is it only incidental that LSD. sometimes associated with improvement in cancer patients, also produces a temorary schizophrenic-like state?" We don't know about the effects of LSD on malignont states but have published on the marked endocrine olterations (similar to those in schizophrenics) produced by the administration of LSD, Unfortunately, this latter series of investigations was terinlinated by the inability of our loboratory to obtain LSD for animal work because of Government regulations.

The Burled Discoveries of Medicine

The moral of these stories seems to be body of dalo which remains buried in the medical literature. Twenty years ago It was "obvious" to the "experts" that schizophrenia wos a "mental disease." Previously, with the rising dominance of the psychoanalysts, the fundamantal observations of Krnepelln in the 1890s, which gave somatic elues in "dementia praecox" as well as the classic observations of myxedema madness, were disregorded, We had hoped 20 years ago that our dota then presented would initiate vital new approaches by other investigators. Who knows how many years have been lost in finding the solution to the problems of achizophrenia as well as malignancy.

Vngaries of Medical Fads

It is sad that medical progress is so subject to the vagaries of fads and fancies; that so many of the so-called leaders and official committees of medicine who accept papers for publications, set up meeting programs, and direct the expenditures government monies for medical research are so subject to the popular fada of medicine and fancies of science holding sway. For how many needless years have patients with psychoses or mallgnancles been doomed to suffer for our fallure to find alleviation or preventive messures which were really at hand?

FPIGRAMS - Clinical and Otherwise

I respect faith but doubt is what gets you an education.

-Wilson Mizner (1876-1933)

Emergence of New Respiratory Symptoms

Percentage of those without symptoms in 1961 who dsvelopsd them during the study interval (seven years)

Symptom	Non- smokers (n = 559)	Continusd smoksrs (n = 408)	Formsr smokers (n == 187)
ersisisnt cough	5.1	15.4	8.2
Persistent phiegm	0.8	16.7	8.4
ersistent cough and phisgm	3.9	11.0	6,3
Dyspnse	12.3	22.4	18,1
Vhesze	5.0	14.1	13.5

Data Show Chronic Bronchitis May Possibly Be Reversible

period, the investigator told the American College of Chest Physicians,

"The surprising finding," he declared, "is that even among those who continued to smoke, close to holf of the men who had persistent symptoms in 1961 had recovered from them by 1962. Among nonsmokers and former smokers recovery rates are considerably grenter, running between 60 and 85 per cent."

The unusual aspect of the study design, which drew on a population of white Chleago industrial workers aged 43 to 58, is that it was possible to resurvey the same group seven years later, Dr. Sharp noted. On the second survey, the team sought answers to four problems: the reversibility of persistent respiratory symptoms, rate of amergence of new symptoms of new disease, the change in spirometric indices of obstruction with the passage of time, and the relationship of smoking to symptom changes and spiromatric changes.

The study population in the second survey included 559 nonsmokers, 408 smokers, and 187 former smokers.

Among the subjects who had stopped smoking, symptom prevalence was cut by half, Dr. Sharp said. This did not apply to dyspnea and wheeze, but when "symptom combinations, such as persistent cough and that medicine has accumulated a huge phlegm with dyspnea and wheeze were examined, again those who bad stopped smoking had impressive reductions in prevalence," Dr. Sbarp atated.

"It is clear from these data that the overall reductions in symptom prevnience in tha aecond survey were due entirely to tho changes in the group who stopped smoking," be continued. "These dato indicate that while these respiratory symptoms may be persistenl and chronic, they may still be reversible with cessation of smoking."

Among ether highlights of the study were these in man who had no respiratory symptoms on the first survey, about 60 per cent showed unchanged values aaven years later, while "about equal numbers of tha remaining 40 per cent showed improvement or worsening."

"Interestingly enough, however, aven in the symptomatic groups 65 to 70 per cent of subjects still showed either unchanged or improved FEV, voluea," Dr. Sharp declared. "This was true [among many subjects] in whom one would not besitate to make a diagnosis of chronic bronchitls." Commenting on these findings, the in-

vestigator said: "Much of what bas been published in the past 15 years on the epidemiology and natural history of chronic bronchitis would lead one to believe that by the time 'persistent' productive cough and spirometric signs of airway obstruction bave appeared, chonic bronchitis is established and irreversible. Our data would suggest at the very least that this is not true of the population which we studled and possibly that It is not true of any population."

He noted that the accapted disgnostic enteria for chronic bronchitis are "the thon usually for a period of four to six presence of cough and expectoration on most days, persisting for at least three

months per year for two or more successive vents.

"In our test population," Dr. Sbarp continued, "chronic bronchitis as so defined was more often than not nonprogressive or reversible. We would ask how useful this conventional definition is if only a small ond possibly unpredictable percentage of persons so identified actually develop displing obstructive lung disease or if, niternatively, the definition selects the progressive chronic bronchitic in some populations ti.e., Londoners) but not in others (i.e., Chicagoans),"

He concluded that the accepted criteria ara "too liberal, in the sense that they label as chronic bronchitics a large number of subjects who will never develop disobling obstructive pulmonary disease, ... Clearly it would be useful to have more universally applicable criteria which would identify with more certainty the person who will dovelop progressive disabling disease."

Coauthors were Drs. Oglesby Paul, H. McKean, and W. Best.

Achilles Tendon Rupture Is Rebuilt Successfully With Use of Fascia Lata

Medical Tribune Report

DENVER-A method of repairing a runture of the Achilles tendon using fascia lata, dascribed as having yielded "excellent functional results," has been reported by

Dr. Herbert R. Morkheim of Denver. The method has been utilized in athletes with complete rupture, as well as in eases where the rupture had gone unrecognized or the diagnosis had been delayed, Dr. Markheim said. Interest in the mathod came about following failure with primary suture. It was carried out in 13 cases.

He gave this account of the procedure: "Surgery is performed with the patient in the prona position. A piece of fasela lata approximately 3 by 4 inches is removed from the thigh on the affected side. No attempt at closing the defect has been made in the more recent cases. The inclsion at the ankle is made in the posterior and lateral aspect along the margin of tha tendon. Care is taken to avoid the aural nerve. The tandon is exposed and the ends can be seen to be freyed. The loose fragments of the tendon are trimmed and. with tha foot in equinus, tha ends of the tendon ore brought together with loosa chromic sutures.

"Tha undersurfaca of the tendon hos been prepared by plncing the fascia strip beneath it and two sutures are used to tack it diatally and proximally beneath the tendon. The strip of fascia is then brought around ond envelops the tendo Achillis, being sutured above and below and finally with sutures at the edge of the envelope

"Following closure of the wound the lag is placed in a long leg cast with the knee flexed and the foot in equinus. Immobilizaweeks has been aatisfactory in our cases."

Coauthor was Dr. L. Levisohn,

She just doesn't respond to things. No interest. No energy. Dis-

It may be mild depression. Sha needs help...and she needs it now. Counsel and reassurance may suffice. But if you decide supportive

medication is indicated, Ritalin can offer prompt benefit.

Ritalin usually begins to act with the very first dose...boosts spirits and brightens mood...helps the patisnt get moving again. And

Ritalin is generally well tolerated, even by older and convalescent patients. However, Ritalin should not be used for severe depression.

When Ritalin works, one prescription may be enough...to help provide an answer to mild depression.

D. 1 Kıtalın (methylphenidate) helps the patient respond in mild depression*

Ritalin® hydrochloride @ (methylphenidale hydrochloride) TABLETS

> INDICATION Based on a review of thie drug by the National Academy of Sciences-Netional Research Council and/or other informalion, FDA has classified the indication is tollows:
> 'Possibly' offective: Mild depression

Final classification of the less-har-officiality Indications requires further investigation.

CONTRAINDICATIONS CONTRAINDICK HORS Market Inxider, lension, and agitation, since Ribilio may aggravate these symp-jours. Also confirmation for pallents known to be hypm smallive to the drug and in patients with glaucoma. WAIRNINGS

Ritally is not reconnected for children Ritallu is not reconnected for children mains six yours, since safely and efficacy in this age group have not been established. Since sufficient data on safety and efficacy of long-form use of Ritalia in children with minimal brain dystimation are not yet available, those regulating long-term therapy should be carefully monitored. Ritalin should not be used for severe depression of either exogenous or endog-enous origin or for the prevention of normal

Ittlation may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Sale concomitani use of anileonvilsanis and Rilalin has not been established. It setzures occur. Ritalin should be discontinued.
Use cautiously to patients with hypertension

Drug Interactions Ritalin may decrease the hypotensive effect of guanctindine. Use conflously with pressor agents and MAO Inhibitors. Rilalin may inhibit the metabolism of coumarin nnilcongulanis, anilconvulsants (phenobas-bilat, diphenylingdantoin, primidona), phenylbulazone, and tricyclic antidepressants (Imipramine, designamine). Downwerd desago adjustments of these drugs may be required when given concomitantly with Ritella

Usage in Pregnancy Adequate animal repodinction studies to establish sate use of Itilatio during preg-nancy have not been conducted. Therefore, until more intornation is available, Rijalia should up to prescribed for women of childbearing age enless, in the opinion of the physician, the potential benefits only eigh the possible risks.

Drug Dependence Ritalin should be given conlinesty to emollonally mistable patients, such as those with a history of fruit dependence or alcoholism, because such pationis may homose dosage on their own

Chronically abusive use can lead to markert Jolerani a and psychle depend ence with varying therees of abnormal heliavior. I rank payenotic episodes car or rur, especially with parentent abose. Careful supervision is required during thing with traval, share severe depression as well as the etter tool choose overactivity can be unmasked. Long-torm fullow up may be required because of the patient's larger personality disturbances.

PRECAUTIONS Pollents with an element of agliation may react adversely; discimilimo (herapy li

necessary. Periodi: CBC and philolet counts are AOVERSE ITEACTIONS
Nervousnass and insominia are the most common offers reactions but are usually controlled by a controlled b controlled by reducing dospge and omit-ting the drug in the oliernoon or evening. Other reactions include: hypersensitivity (including skin rash, ortionria, lever, arhraigh, exinitative dermatilis, and erythema mulithma with histopathologic bindings of necrotizing vasculilis); anorexia; nausea; dizziness; paipitations; haedeche; dyskinesia; drowsiness; blood pressure and pulse changas, both up and down; tachypuise changas, both the and down; teathy cardia; angina; cardiae amhythmias; abdominal pain; weight loss during prolonged therapy. In children, toss of appellia, abdominal pain, waight inas during prolonged linerapy, insomnin, and tachycardia may occur mora frequantly. Toxic psychosis hes bean raported.

DOSAGE AND ADMINISTRATION Administer nrally in divided dosas 2 or 3 times daily, prefarably 30 to 45 minutes before meets. Dosage will depend upon indication and individual response. Average dosagn is 20 in 30 mg daily. Some palicents may require 40 to 60 mg daily. In these 10 to 15 mg daily. nithers, 10 to 15 mg delly wilt be adequate. The few patients who ere unable to steep it medication is taken late in the day should take the last dose before 6 p.m.

Tablets, 20 mg (peach, schred); boilias of 100 and 1000.

Tablets, 10 mg (pale green, scored); boilies of 100, 500, 1000 and Sinp Dispensers of 100.

Tablets, 5 mg (pale yellow); boilias of 100, 500, and 1000. Consult complete product fileratura before

prescribing. CIBA Pharmacautical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

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880 Third Avenue, New York, N.Y., t0022 • Telephone: 42t-4000 Circulation audited by Business Publications Audit of Circulation, Inc.

Cop-Out

THE NATIONAL COUNCIL OF CHURCHES miliar with the fact that for many years in recently convened public hearings ex- the past coronary deaths were listed on ploring the impact of advertising on drugtaking patterns of American society. To our absolute astonishment, a Pederal Communications Commissioner at the hearings not only termed television "the principal pusher to a junkie nution." He said, "Wa've got a drug problem in America. It's called television.

That television constitutes a problem is comprehensible. That TV advertising may be dangerous is also comprehensible. What is incomprehensible is that while one official of a Government ngency, FCC, points a finger of accusation, two other agencies, the Federal Trade Commission and the Food and Drug Administration, have failed to act where action has been indicated in this area of their responsibility. The FCC official stated it is "a very roal danger that our current practice of self-medication through over-the-counter drugs is based on massive misinformation." If valld, that la an Indictment which in good measuro must be laid at the door of other Pederal Agencies. His request that all broadcast advertising of all over-thecounter and all mood-altering drugs be banned is a dangerous as well as an unrenlistic cnp-out.

That TV advertising should be responsibly regulated goes without question. It is neither be obscured nor deferred by the indistressing to see and hear day in and day out the "funny" but potentially deadly "l can't b-e-i-i-e-v-c I a-t-e the w-li-o-i-e can be takan in the present situation, not

death certificates as due to acute indigestion? It is dangerous to have analgesics advertised in such a way as to encourage patients to defer visits to physicisas in the presence of chronic headache. "Anacin did it again" is a clear appeal for chronic usewithout regard for the fact that chronic headache ia a presenting aymptom in kidney disease, brain tumor, and hypertension -three potentially dangerous conditions where carly diagnoses are imperative.

The Government has not permitted laxativa advertising to laymen for "bellyaches" because the differential diagnosis could be acute appendicitis. It has been able to restrict the lay promotion of Iron preparations. It is a mystery why action has been taken in these instances but not in raspect to chronic headacha or "acute indigestion." There is both law and precedent to control these abuses.

Any intelligant study of the health requirements of the public and the atructuro of the health care delivery systam in tha United States and abroad clearly indicatas that there is and will continue to be an important function for valid self-medication under suitable controls. The dereliction of the FTC and other government agencies in their reaponsibility to the public should cvitable bureaucratic request for more legislation. What is needed is action that thing." Are government physicians unfa-

Medical Declaration of Dependence

TT WAS REPRESHING to read a recent A.P. act of discrimination and an injustice to dispatch from London that the Law Commissian of Great Britain, after due delibaration, has at last ruled that the "Taxation of Colonies Act is no longer of practical utility" and has therefore recommended repeal of the tax law imposed on the former American colonies. This extension of the clive branch follows by almost 150 years an expression of amity by Thomas Jefferson that at the time aroused the wrath of American men of medicine. Jefferson, by then an octogenarian, created the University of Virginia in Charlottesville in 1824, not only acting as architect for the university but appointing the entire faculty. In so doing, contrary to an earlier event in his career, he declared dependence on England, for almost all his faculty appointees wero British. Notable among these appointments was the selection of Dr. Robley Dunglison to the professorship of medicine at the new medical school. The Philadelphia Journal of the Medical Scito protest Dunglison's appointment as an

American physicians. What was unique and visionary about Dungliaon'a appointment, as so many other actions of Jefferson, is that his was the first full-time professorship of medicine in an American university. Professor Dungilson's contract restricted his practice outside the university to consultation, and his time was spent fully with medical students in the anatomy thaater and at an outpatient teaching clinic he conducted after his lectures. Dunglison became known as father of American physiology following publication in 1832 of his text Human Physiology, which he rovised through seven editions. He went on from the University of Virginia to the University of Maryland in Ballimore and then, in 1836, to the chair of medicine at Jefferson Medical College. Here be had a long and distinguished career. Until his retirement in 1868 ba was a leader in giving Philadelphin its pre-emiences called on American medical societies nent position in medicine in the 19th cen-

Reversibility of Chronic Bronchitis

CLINICAL QUOTE: "We believe that the pressively increased this tendency toward those observations which suggest reversi- sor of Medicine, University of Illinois, and bility in the symptoms and airway obstructive phenomena of chronic branchitis. Prc- Chest Physicians meeting, Denver, see dictably, cessation of cigarette smoking im- page 1.)

points of importance in this study are reversibility." (Dr. John T. Sharp, Profescollaaguas at the American Collage of



"I'm sorry—but I no longer maks house calls."

A Clarification

Editor, MEDICAL TRIBUNE

Thank you for sending me the November 15 issue of MEDICAL TRIBUNE, which presented a reviaw of an article by Drs. Irving Karten, Mathaw Lee, and myself under the caption "Team Approach to Rheumatoid Arthritis." The term "threeman team" used in the first paragraph wes an unfortunate choice of words, since It might give the impression that this was the team referred to in the title. The three physicians were, af course, the authora of the study, and the team naturally included them, but most importantly there were also tha physical therspist, occupational therapist, social worker, public baalth nurae, ward nurses, and physical therapy assistant who worked intimately with these patients, as well as a consultant group of rhaumatologists, orthopedist, physiatrist, and psychologiat who met monthly to consider specific problems.

CURRIER McEWEN, M.D. South Harpswell, Me.

Full-Time Professor

Editor, MEDICAL TRIBUNE!

Dr. Arthur Master's recant editorial, "The Full-Tima Professor?", touches the tender nerve of interpersonal rolationships between part-tima and full-time physiclans, a widely recognized, greatly dis-cussed, but rnrely so skillfully presented

Many part-time medical and hospitol schnnl staff mambers (euphemistically called "volunteera" wheo they are unpaid) prefer to march to the beat of different drummers rather than to the batoo of one person. Creative people are often trapped by thia fallacy of full- veraus part-time teachers. A recent example occurred when the publisher of a book which lists sciantists in tha U.S. invited me to complete bis questionnaire. One questinn was "What par cent of your time is spent in research and teaching?" Innocently, I estimated 30 per cent, basing the estimate on a 70-80 hour work week, rather than oo a standard 40-hour week, during which I see patieots, teach, research, write, and edit. When my name was not included, I inquired and learned that the requirement for listing of practitioners was that they spend 50 per cent or more of their time in taaching and research. Fifty per cent of a 40-hour work week is 20 hours, actually less than 30 per cent of my customary 70-80-bour work

There is a growing tendency to appraise a physician's services, practice time, and even thinking by the industrial process of cost analysis. However, worth analysis, as Chester Karass points out in The Negotialing Game, is a far more valuable and equitable method of evaluating the contribu-

tions and services of doctors. It is high time that economic medical experts adopt worth annlysis rather than cost analysis in analyzing medical values.

> RAYMONO HARRIS, M.D. President. Center for the Study of Aging, Inc. Albany, N.Y.

Neurologic Surgery

Editor, MEDICAL TRIBUNE:

The method of "telethermocoagulation" to produce therapcutic lesions within the brain or pituitary ("What's new in neuroiogic surgery?"-October 30) invoives direct implinitation of a matallic sead whereby local heat of imprecise control is induced via external RF waves of special type. It has been developed in animals but cannot yet be regarded as aafe or as effective as the stereo-RF probe technique devised by Dr. N. T. Zervas (Both Israel Hospital, Boston) and performed to date on well over 50 patiants with excellant results and minimum mortality/morbidity.

H. HAMLIN, M.D. Neurosurgical Clinic Massachusetis General Hospital

Manpower "Present"

Editor, MEDICAL TRIBUNE:

I sbaro Dr. Shira's concern that trauma research is poorly funded and often seen as a "stepchild" in terms of interest and support (Meoical Triaune, November (5), and I was surprised that he did not even mention the emergency physician and tha eight current training programs in this still unrocognized specialty.

The emergency physician is the one who s there as the patient is wheeled into the hospital emargancy aroa. It is he who must recognize and respond to the acute pathophysiology. Many physicians and surgeons bave chosen emergency medicine as a career and bave clearly demonstrated their interest, though they may require additional education and traini the best emergency care.

Dr. Shires is not alone in his awareness that physicians who care for the severely injured patient require special training. The same holds true for the patient with an neute medical emergency. The ability to maka rapid correct decisions in emergency situations is ona which must be developed through axperience and training.

It would seem wasteful to search elsewhere for surgeons interested in trauma (a difficult search) while neglectiog the emargency physician, who starts out with the essential first qualification. He is physically

> GEORGE R. SCHWARTZ, M.D. Emergency Medicine Program-Madical College of Pannsylvania

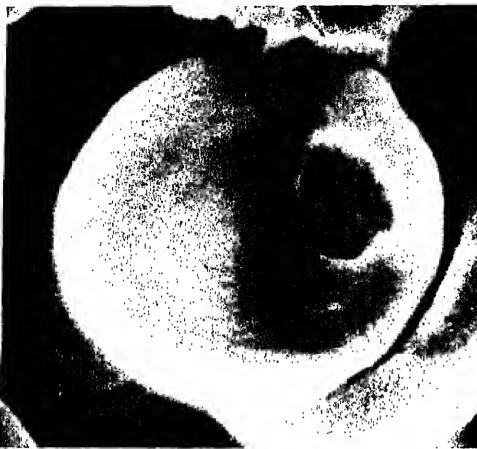


Team Studies Malaria Parasite's Destruction of Red

Plasmodium falciparum destroys human red blood cells, surface and internal anatomies of erythrocytes were examined by scanning electron microscopy at the University of Missouri by Drs. Stanley P. Balcerzac, John D. Arnold, and Daniel C. Martin.

Their findings show that in parasitized cells, part of the invading organism is associated with a highly irregular surface defect, while the bulk of the parasite is located immediately below the irregularity and extends under the smooth red cell surface. Many nonparasitized cells have cavitary surface defects, suggesting that they once contained parasites.

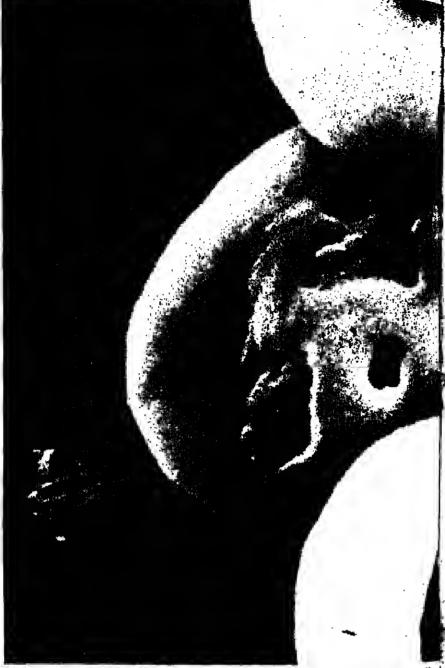
The abnormalities observed offer possible explanations for premature destruction of red cells by two basic mechanisms—the trapping of the parasitized cells in the reticuloendothelial system and the removal of the parasites by the spleen. The splenic pitting might create increased osmotic fragility and susceptibility to destruction in vivo.



Red blood cell from patient with falciparum maluria shows cavitary surface defect.



Here the surface of the iceberglike Plasmodium falciparum parasite is raised above that of the human red blood cell, showing a sharp demarcation between the parasite and host.



Red blood cell of a mouse with the parasite Plasmodor surface defects similar to those occurring in different by

Grant Given to Program To Train Med Students In Northwestern States

THE UNIVERSITY OF WASHINGTON School of Medicine, Seattle, the nniy medical school in the four-state WAMI reginn, has been aworded a \$1,500,000 NIH contract to provide instruction at the University of Alasko, Montana State University, University of Idaho, and Washington State University.

Students in the WAMI project re-

Students in the WAMI project receive the first year of a three-year education at any one of the four schools. Remaining study includes clinical instruction at the University of Washington and at community clinical units established in a dozen rural areas staffed by local physicians with faculty status at University of Washington.

The WAMI-area ratio of physicians to residents is well below the national average of 150/100,000, says University of Washington dean Dr. Rubert L. Vao Cliters, standing at far right with Dr. Jon Lindsay, Professor of Microanatomy, and first-year students. The goal of the WAMI project is to provide Nurthwestern states' large rural areas with more comprehensive health care.



Medical Tribune

December 20, 1972

The three different effects of Valium (diazepam)

psychotherapeutic anticonvulsant skeletal muscle relaxant

Since the introduction of Valium (diazepam) in 1968, worldwide clinical experience has confirmed its effectiveness in relicving excessive psychic tension. Extensive clinical trials—supported by highly sophisticated laboratory and pharmacologic studies—have established its value in several other important areas of medicine. To date, some 7,000 scientific reports in the world literature have contributed to the body of knowledge about Valium.

The following overview—a reflection of extensive clinical experience—describes how Valium can be beneficial as a psychotherapeutic agent, anticonvulsant and skeletal muscle relaxant, and how it is recommended to be used in office and hospital practice, in the oral and injectable forms.

Please see the last page of this advertisement for complete prescribing information.

This advertisement is printed on recycled paper.



The psychotherapeutic effect of Oral Valium (diazepam)

in anxiety and somatic symptoms of excessive psychic tension

When a complete examination rules out organic disease, you may find that functional complaints involving the heart, stomach or colon—frequently seen in anxious patients overreacting to stress—are a result of excessive psychic tension. And if counseling alone does not suffice, you might consider Valium (diazepam) to help relieve these tension-induced symptoms. In general, it goes to work promptly, usually producing significant improvement within the first few days of therapy, although some patients may take longer to show a clear-cut

Available in three convenient taldet strengths-2 mg, 5 mg, 10 mg-Valimin provides dosage flexibility for maximum patient benefit with a typical t.i.d. or q.i.d. regimen.







in anxiety with or without associated depressive symptoms in psychoneurotics

Valium (diazepani) can provide prompt relief when excessive anxiety and undue tension are a prominent part of the clinical picture. By relieving these symptoms, it can enhance response to therapy and add to the effectiveness of your total management of the psychoneurotic patient. Caution patients against driving or engaging in hazardous activities during

The recommended dosage is 2 to 10 mg, b.i.d. to q.i.d., depending upon the severity of symptoms.

adjunctively in organic disorders complicated by undue psychic tension

Overly tense patients-particularly those with G.I. or cardiac disease-must be kept calm when undue tension and excessive anxiety aggravate their condition and interfere with excessive anxiety aggravate their condition and interfere with therapy. Oral Valium can provide the desired response, generally without significantly adversely affecting respiratory, pulse or heart rates. It is used with most classes of primary medications such as cardiac glycosides, diuretics, vasodilators, anticholinergics and antacids, and is usually well tolerated; the most frequent side effects are drowsiness, fatigue and ataxia.

When nighttime anxiety precludes sleep, an h.s. dose added to the t.i.d. regimen can relieve the anxiety.

Please see the last page of this advertisement for complete prescribing information.

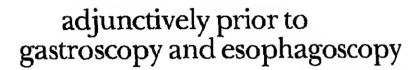
The psychotherapeutic effect of Injectable Valium (diazepam)

prior to surgery

Injectable Valium (diazepam) can promptly calm the surgical patient by lessening the excessive anxiety and undue tension that may be associated with strange surroundings and disturbing procedures. And it can provide the added advantage of markedly diminishing recall of preoperative procedures.

The recommended dosage is 10 mg, 1.M., administered

The recommended dosage is 10 mg. 1.M., administered one to two hours preoperatively. Injectable Valium should not be mixed or diluted with other drugs, solutions or fluids.



Injectable Valium (diazepam) can be a valuable adjunct in allaying excessive anxiety when it accompanies such procedures. It calms the anxiety yet allows the patient to cooperate by responding to commands and following instructions. It is not recommended for brouchoscopy and laryngoscopy. Because of the possibility of laryngospasm, necessary countermeasures and resuscitative facilities should be immediately available.

Half an hour before gastroscopy or csophagoscopy, a 5 to 10-mg dose is administered I.M. or I.V.







prior to cardioversion

Through relief of inidue anxiety and excessive tension, Injectable Valium (diazepam) can effectively calm the patient. Memory of the cardioversion procedure can be markedly diminished. Injectable Valium seldom significantly alters vital signs. Nevertheless, there have been infrequent reports of hypotension and vare reports of apnea and cardiac arrest. Resuscitative facilities should be immediately available.

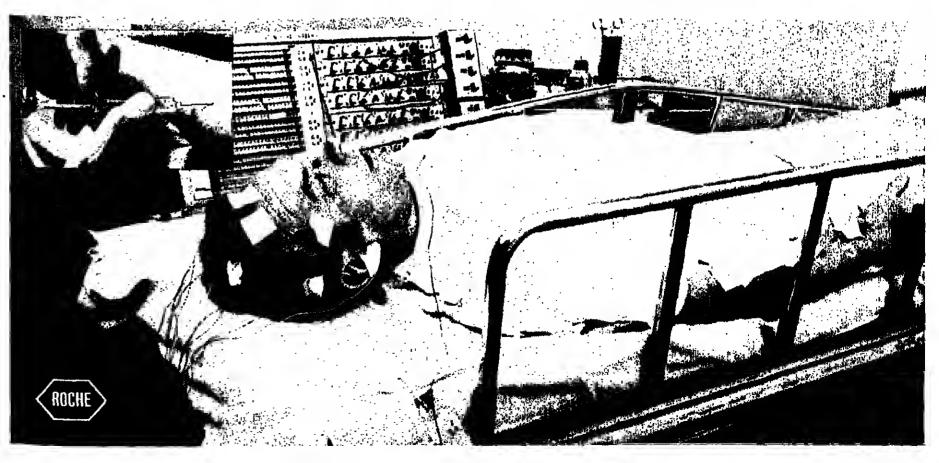
Five to ten minutes before elective cardioversion, the recommended dosage is 5 to 15 mg, injected slowly I.V. (5 mg/min).

The anticonvulsant effect of Valium (diazepam)

adjunctively in certain convulsive disorders

Injectable Valium (diazepam) has usually been an effective adjunct in interrupting status epilepticus promptly, sometimes in a matter of seconds. It has helped provide control with the first injection, frequently with prolonged relief. Oral Valium may be used adjunctively in certain convulsive disorders such as petit mal or myoclonic seizures, although it has not proved useful as sole therapy.

In status epilepticus and severe recurrent convulsive seizures, 5 to 10 mg, injected slowly I.V.—5 mg (1 ml)/minute. Use I.M. route if slow I.V. injection is not feasible. Do not mix or dilute with other drugs, solutions or lluids. Repeat in 2 to 4 hours, if necessary. The dosage for Oral Valium used adjunctively is 2 to 10 mg, 3 or 4 times a day.



Please see the last page of this advertisement for complete prescribing information.

The skeletal muscle relaxant effect of Valium (diazepam)

adjunctively in skeletal muscle spasm caused by local pathology

As part of the therapeutic regimen, Valium (diazepam) orally or parenterally, as appropriate, can help relieve skeletal muscle spasm due to reflex spasm caused by local pathology, such as inflammation of muscles or joints, or associated with muscle strains. It can help break the spasm/pain/spasm cycle and thus may increase mobility.

Usual oral dosage is 2 to 10 mg on a t.i.d. or q.i.d. schedule.

Usual injectable dosage is 5 to 10 mg 1.M. or 1.V. initially, then 5 to 10 mg in 3 to 4 hours, if necessary. In elderly or debilitated patients, it is recommended that oral dosage he limited to the smallest effective amount to preclude the development of ataxia or oversedation (2 to 2½ mg once or twice daily, initially, to be increased gradually as needed and tolerated).







For three different effects:
 psychotherapeutic
 anticonvulsant
 skeletal muscle relaxant

Valium[®] (diazepam) (ROCHE)

adjunctively in spasticity associated with paraplegia

In upper motor neuron disorders causing paraplegia, the adjunctive use of Valium (diazepam) can help reduce skeletal muscle spasticity. Valium offers a wide margin of safety due to its relatively low toxicity. Isolated reports of neutropenia and jaundice make periodic blood counts and liver function tests advisable during long-term therapy.

advisable during long-term therapy.

Three convenient tablet strengths—2 mg, 5 mg, 10 mg—
allow wide adjustments in dosage for the greatest efficacy in
clinical response. And Injectable Valium may be used, where
appropriate, in the usual dosage for muscle spasm.

adjunctively in spasticity due to cerebral palsy or athetosis

The skeletal muscle relaxant effect of Valium (diazepam) makes it a valuable adjunct in reducing spasticity. It may thus aid by reducing involuntary movements and improving voluntary performance and speech. This may result in more patient cooperation and confidence during therapy. Valium is generally well tolerated; drowsiness has been the biggest problem among responsive atheroid children. The possible side effect of ataxia may limit its usefulness in ataxic children.

Dosage should be individualized for maximum patient benefit. However, the usual recommendation is 2 to 10 mg t.i.d. or q.i.d. Where parenteral therapy is indicated, use 5 to 10 mg I.M. or I.V. initially, then 5 to 10 mg in 3 to 4 hours, if necessary. Oral Valium is contraindicated in children under 6 months. Injectable Valium is contraindicated in infants and its safety and efficacy in children under 12 have not been established.

parenterally in stiff-man syndrome or in tetanus

Injectable Valium (diazepam), used adjunctively, can reduce characteristic skeletal muscle spasm and resulting rigidity. Response is usually prompt and improvement sustained in the control of muscular rigidity and convulsive spasms. In general, Valium can thus help improve range of mobility. Periodic blood counts and liver function tests are advisable during long-term therapy. Only the parenteral form of Valium (diazepam) is indicated for tetanus. Usual I.M. or I.V. dosage recommendation is 5 to 10 mg; for tetanus, larger doses may be required. A repeat dose, if necessary, may be administered in 3 to 4 hours.

Please see the following page for complete prescribing information.

Description (ORAL AND INJECTABLE): Valinne (dian-pain) is a benzodiazepline derivative developed through original Roche research. Chemically, diazepam is 7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodlazepin-2-one. It is a colorless. crystalline compound, insoluble in water and has a molecular

weight of 201./1.

Pharmacology (oral And injectable): In animals Valium (diazepam) appears to act on parts of the limbic system, the thalamus and hypothalamus, and induces calming effects.

Valium (diazepam), unlike chlummonazine and rescribe, has no demonstrable peripheral autonomic klocking action, nor does it produce extrapyrantidal side effects; however, animals treated with Valium (diazepam), the hours transfer along at treated with Valium (diazepum) the have a transient ataxis at higher doses. Valium (diazepam) was found to have transient cardiovascular depressor effects in dogs. Long-term experi-ments in rats revealed no disturbances of emilorine function. Injections into animals have produced localized irritation of tissue surrounding injection sites and some thickening of veins after intrammous use.

Oral LD $_{\rm to}$ of diazepam is 720 mg/kg in mice and 1240 mg/kg in rats. Intraperitoneal administration of 400 mg/kg to a monkey resulted in death on the sixth day.

Reproduction Studies: A series of rat reproduction studies was performed with diazepant in oral doses of 1, 10, 80 and 100 mg/kg. At 100 mg/kg there was a decrease in the number of pregnancies and an viving offspring in these rats. Neonatal survival of rats at closes lower than 100 mg/kg was within normal limits, Several neurales in these fat reproduction studies showed skeletal or other defects. Further studies in rata at doses up to and including 80 mg/kg/day did not reveal

teratological effects on the offspring. In humans, measurable blood levels of Valimu (diazepant) were obtained in maternal and cord blood, indicating placental transfer of the drug.

Vallum (diazepam) is useful in the symptomatic relief of tension and anxiety grates resulting from stressful circumstances or whenever somatic complaints are concomitants of emotional factors. It is useful in psychoneuroile states manifested by tension, anxiety, apptehension, faligue, depiessive symptoms or agitation.

In acute alcohol withdrawal, Vallina (illazepam) may be useful in the synthematic relief of actue actuation, tremor, Impending or actue delirium tremens and hallucinosis. Valium (diazepant) is a useful adjunct for the relief of skeletal muscle spasm due to reflex spasm to local pathology (such as inflammation of the unscles or jobus, or secondary to trauma); spasticity caused by upper motor neuron disorders (such as cerebral palsy and paraplegia); atherosis; silf-man syndrome. ORAL: Oral Vallum (diazepam) may be used adjunctively in convulsive illsorders, although it has not proved useful as the

in Jectanics: If apprehension, anxiety and acute stress trac-tions are present prior to gastroscopy and esophaguscopy, injectable Valium (diszepain) may be a rainable adjunct.

Injectable Vallum (diazepam) is a useful adjunct in status epilepticus and severe recuvient convulsive seizures, and lutetanus.

Vallum (diazepam) is a useful premedication (the L.M. routé is preferred) for relief of anxiety and tension in patients who are to undergo amgical procedures. Intravenously, it is also useful prior to cardioversion. In either instance, the patient's recall of the procedure is markedly diminished.

Contraindications:

ORAL: Vallum (diszepam) is contraindicated in patients with a known hypersensitivity to this drug and, because of lack of sufficient clinical experience, in children under 6 months of age. It may be used in patients with open angle glaucoma who are receiving appropriate therapy, but is contraindicated in acute narrow angle glaucoma.

INJECTABLE: Injectable Vallum (illazepam) is contraindicated in infants and in patients with a known hypersensitivity to this drug. It may be used in patients with open angle glaucoma who are receiving appropriate therapy, but is contraindicated in acute narrow angle glaucoma.

Warnings:

oral AND INJECTABLE: As is true of most CNS-acting drugs, patients receiving Vallum (diazepam) should be cautioned against engaging in hazardous occupations requiring complete mental alertness, such as operating machinery or driving a

Since Vallum (diazepam) has a central nervous system deprestant effect, patients should be advised against the simultaneous ingestion of alcohol and other CNS-depressant drugs during Valium (diazepam) therapy.

OZAL: Valium (diazensm) is not of value in the treatment of psychotic patients and should not be employed in lieu of lale treatment.

As with other agents which have anticonvulsant activity, when As with other agents which have anticonvulsant activity, when Vallum (diazepam) is used as an adjunct in treating convulsive disorders, the possibility of an increase in the frequency anti/or severity of grand mal seizures may require an increase in the dosage of standard anticonvulsant medication. Abrupt withdrawal of Vallum (diazepam) in such cases may also be associated with a temporary increase in the frequency and/or severity of seizures. severity of seizures.

INJECTABLE: When used intravenously the solution should be injected slowly, directly into the vein, taking at least one injected slowly, directly into the vein, taking at least one minute for each 5 mg (1 mt) given. Do not mix or dilute Injectable Vallum (diazepam) with other solutions or drugz. Do not add to I.V. fluids. Rare reports of apnea or cardiae arrest have been noted, usually following I.V. administration, especially in elderly or very ill patients and those with licited pulmonary reserve. Duration is generally brief. Respectative facilities should be available.

Injectable Vallout (diazepam) is not recommended as the side treatment for psyclintle or severely depressed patients. Injectable Valum (diazejam) should not be administered to patients in shock, coma, or by acute alcoholic intoxication with depression of vital algus.

Physical and Psychological Dependence: Within avail symptoms (similar in character to those mored with bacter-mans and alcohol) have occurred following abrupt dis-continuance of diazepan (convulsions, tremor, abdominal and adocle cramps, ramiting and sweating). These were mutally limited to those patients who had received excessive doses over an extended period of time. Particularly addiction-permi individuals (such as drug addicts or alcoholics) should be under careful surveillance when receiving diazepau or other psychotropic agents because of the predisposition of such patients to habituation and dependence.

Use in Pregnancy: Use of any dring in pregnancy, lact attor or in women of childhearing age requires that the potential benefit of the dring be weighed against its possible hazard to mother and child. (See Reproduction Studies.)

Management of Overdosage: Manifestathurs of Valium (diazepant) overdosage include somnolence, confusion, coma and diminished reflexes. Respiration, pulse and blood pressure should be monitored, as in all cases of drug overdosage, although, in general, these effects have been minimal following overflosage. General supportive measures should be employed, along with immediate gastric layage, but a-venum fluids should be administered and an adequate airway maintained. Hypatension may be combated by the use of Lempherts (levarterenol) or Aramitte metaraminal). Ritaliu (methylphetidage) or calleing and sodium henzoate may be given in combat CNS-depressive effects. Itialysis is all limited value. As with the management of intentional overdosage with any drug, it should be borne in mind that multiple

Precautions:

Precautions:

ORAL AND INJECTABLE: If Valium (diarepam) is to be cumulated with other psychotropic agents are authorized and drugs, careful consideration should be given in the pharmacology of the agents to be employed—particularly with known compounds which may potentiate the action of Valium (diazepam), such as phenothizzines, naroutis, bathirmates, MACI inhirms and other antituperssams. The usual precautions are Iditions and offer and thepressants. The usual precautions are indicated for severely depressed particularly those in whom there is any evidence of factor depression; particularly the recognition that soft hid temberches may be present and protective measures may be necessary. The usual preparations in trending patients with impaired renal or hepatic function should be observed.

DAL: In chierly and debilitated patients, it is recommended that the decaye is limited to the smallest effective amount to mechale the development of ataxla or overselation? One

preclude the decelopment of at axia or oversedation (2 mg to 202 mg once or twice daily, britholly, to be hu reased gradually at needed and talerated).

INJECTABLE: Valinut (dlazepani) Is not recommended for INJECTABLE: Valuat (anaepan) is not recommended in broad hoscopy and laying is only, her ause his reased intighted and latying is passible her reported. Furthermore, during gastroatopy the operator must be aware of this possible reaction and incessary countermeasures should be available. Until additional information on its salety and efficacy is available, injectable illazepam is not recommended for ulnterilval use or in diagnostic procedures other than gastroscopy and esophagoscopy.

Injectable Vallum (diazepam) has produced hypotension ur muscular weakness in some patients, particularly when used with narcotics, harbiturates or alcohol. Since Vallum (dlazepain) may have an additive effect with narcotics, appropriate reduction in narcotic dosage is possible.

Lower doses (usually 2 mg to 5 mg) should be used for elderly

The safety and efficacy of Injectable Vallum (diazepain) in children under age 12 have not been established. Adverse Reactions:

ORAL AND INJECTABLE: ilecause of isolated reports of neu-tropenia and jaundice, periodic blood counts and liver function tests are advisable during long-term therapy. Minur changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Vallum Glissonam) therapy and are of no known significance. (diazepam) therapy and are of no known significance.

ORAL: Side effects most commonly reported were drowsiness, ladgue and ataxia. Infrequently enchantered were confinsion continuation, depression, diplopla, dysauthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, sklu rash, shirted speech. tremor, urinary retention, vertigo and blurrer) vision. Paratioxical reactions such as acute hyper-xelted states, unxiety, hallucinations, increased muscle spastirity, insumuia, rage, sleep disturbances and stimulation have been repurtual; should these uccur, use of the drug should be discontinued.

in Jectable: Side effects most enmuously reported were drowniness, fatigue and ataxia. Infrequently encountered orowaness, latigue ann ataxia. Infrequently encounterial were confusion, constipation, depression, diplopla, dysarthila, headache, hiccups, hypoactivity, hypotension, incontinence, jaundice, changes in libido, nausea, philebitls at injection site, changes in salivation, skin rash, sinviert speech, sympope, tremor, urlicary resention, urlicaria, verigo and blurred vision. Paradoxical reactions such as acute hyperexcited states, auxiety hallucinations. Increased pursue apacifitie (incompola auxiery, hallucinations, increased quiscle spasticity, insomnia, rage, steep disturbances and stimulation have been reported; should these occur, use of the drug should be discontinued. Dosage and Administration:

Dosage should be individualized for maximum beneficial effect. While the usual daily dosages given below will meet the needs of most patients, there will be some who roay require higher doses. In such cases dosage should be increased cautiously to avoid adverse effects.

Symptomotic Relief of and Psychonematic States Symptomatic Relief in Jeute Heahol Withdowal

Adjunctively for Relief of Skeletal Muscle Spasia Adjunctively in Connulsier Hisanders Geriateic Patients, or in the presence of delibitating

Heraing of varial responses to 1 mg to 202 mg, 3 or 4 times CNS-acting drugs, initiate daily initially; increase CNS-acting fittigs, intrince therapy with lowest dose and from onese as remitted. Not for tolerated im reasis as required. Not for use in children under 6

meanths. INJUINABLE:

Children:

Desage should be individualized to maximum lengicial effect. In acute conditions the injection may be repeated within one hour although an naterial of Tried homeir usually satisfactory, Cornerally that more than 30 mg should Intrancuscular: Injectable Valium (diazepans) should be

inicated deemly late the massle. Intracemons use: The solution should be injected slowly, directly into the rein, taking at least one numbe for each 3 mg [f (ul) giren. Do not une or dilute Injectable l'affum (digrepoin) with other solutions or drugs. Do not add to LE.

DISUAL DOSAGE#

increastly.

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4 mg to Itting, I.M. or I.V.

Repeat in 3 to 1 hours, if

To meg. 1.31, or 1.8 initially,

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in 3 to 4 hums, if necessary. Lot tetauns, larger dosesmay

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USHAL DAILY flose

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2 mg to 10 mg, 2 m 4 dmcs

2 mg to 212 mg. 1 or 2 times

daily initially; becrease gradually as needed and

Moderate Perdonemata Reaction & Manifestral by tension-anxiety above or tritle depressive symptomatology. agitation, restlessuess and Jest hogdit sudognal dis

Servic Psychoneuratic Heac trong Where sever anxiety. बाव्यक्तिकारांचा वा बहुरिबराणाः exist above or associated with તીભૂત અને દાર કરવાનું ભાગ છે. leute Meahal Rithdeaval: As an and in symptomatic

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teactions are present prior to gastrocopy and cophlagos tops. (See Presintones) Munde Spason: Associated with local pathology, cetebral palsy, athetosis, still-man sindiane or retains

Status Epileptions and Service Rectioned Conculsier Seizmes: In the roundsing patient, it is recommended the dying by given intra-magnifically if there is difficulty in arbuinistering it slowly lutraremosts over the required pecind of three. Preoperative Medication: To elicie auxiety and tension (II utropiue, icopalamiae or other browedications are desired, they must be action-Carding ession: In relieve auxiety and tenanir.

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tæ regulied.

Ifting, L.M. (preferred tout). I to 2 hours before surgery.

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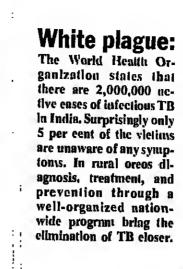
with injectable Valuum (dian point, the patient may be placed on may therapy with Valuum (dianepuny) it huther treatment is required. Huw Supplied: ORAL: Valimor (draw-pain) scored tablete- 2 mg, white: 5 mg, yellow; and 10 mg, blue-bondes of 100 and 500. All strengths

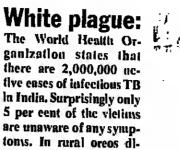
also acallable in Tel-E Duge's prokages of 1080 ts rectange: Amouls, 2 nd, boxes of 10; Vials, 10 nd, boxes of 1; Tel-E-Ject^{7,8} (disposable syringes), 2 ml. tosis of 10. Each of toutains 5 mg diazepant tompounded with 40% propylene glycol, 10%, cityl alcohol, 5%, sodium beneate and beneate acid as forliers, and 1.5% beneat alcohol as Diegervative.

ROCHE | Roche Laboratories | Poche Inc Nulley. N.J. 07110

Wednesday, December 20, 1972

Cells







Volunteers Staff a Calif. Community Clinic

The Gardner district of San Jose, Calif., has a populalation of 20,000, nearly all of whom are poor, undernourished, undereducated, in need of health care, and cut off from standard medical facilities by barriers of language (two-thirds of the population is Chicano), money, and transportation. The solution for better community health lay in the establishment of a community-run clinic. A community board of directors composed of seven delegates from local organizations, a physician from the Santa Ciara County Medical Society, and a private dentist organized the Gardner Community Health Center as a nonprofit organization in December, 1971.

MEDICAL TRIBUNE

Services are free, with medicul care provided by a volunteer staff of residents and interns from Stanford Hospital, private physicians, fourth- and fifth-year Stanford University medical students and nursing students from Stanford and C.S.U. at San Jose, Technologists from Stanford Hospital and premed students from San Jose man the lab, and community residents volunteer as workers.



A young Gardner inhabitant with an abdominal poin is examined by Dr. Michael Spector, resident of Stanford Hospital. Dr. Spector is one of the many physicians and stodents who volunteer their services to the health center.



Technologist Mary Thompson, of the Stanford University Hospital, and Greg Lindholm. a premed student at California State U. at San Jose, working in Health Center lab.



...brief summories of editorials or guest editorials in current medical journals.

Curing Versus Healing

"Cao we 'heal' man without 'curing' the disease? Well, if the 'disease' is o gangrenous limb and we amputate it, then the man feels depressed and deprived. But if ha adjusts healthily to a useful new prosthesis. then, in a sense we have 'healed' the total person from his sense of disability, but we have not cured the gangrene, except in the whimsicol sense of having amputated the whole organ. Our new medical and surgical technologies have improved our skill and auccess in 'curing' diseases, but the more subtle problem of healing the person who feels sick or ill, is not so much a technological problem as one of making a person feel bettar even though diseased tissue

"To a senso then, the more skilled wa become technologically, the more atrophied our emotional skills oa 'hcalera,' in the various criticisms of the physician, this is, perhaps, the number one doubt-the complaint that we don't give enough time or compassion to the person who doesn't feel right. One wonders whal has become of the hadler, who responding to a cry for help, used lo say: 'I'll be right over.'" Editorial. (J. Med. Soc. N.J. 69:11, November,

Apoplexy Research

Cerebral apoplexy is the third most frequent cause of death in the rich countries of the world and an even greater cause of prolonged serious disability. About onethird of all apoplexy cases have their direct or indirect cause in vasculor diseases in the extracerebral vessels of the brain. What a challeoge to surgery! Nor has the challenge gone unaccepted, Apoplexy research is today one of the clearest examples of the current problematica of medical science. It forces us to revise both our analomic and physiologic dogmas concerning the brain as such, It forces us lo study the brain as an integrated part of the organism's collectivo function. It forces us into completely basic blochemical and physiologic atudles, far removed from the clinical plana. Through our thorapeutic insufficlancy in this area, we are unintentionally confronted with the enormous humanitorian, sociologic, and economic consequences of the problem. Erik Skinhol, editorial. (Ugesk. laeger [J. Donish M. A.] 134:43, October 23, 1972.)

'Mass Produced' Education

Are the Scandinavian countries hooding toward a "mass production" education of doctors? Opinions expressed at a recent round-table discussion seem to indicate this, even though the situation varies considerably from one country to another. Nevertheless, threa facts seem to apply to all Scandinavian countries. One, there is a need for an organization that can coordinate basic, apecialist, and postgraduate medical education, Second, guidance of doctors undergoing clinical training la neglected. Third, in view of the explosive innew doctors, there is a risk of walting lists in the final phase of the education, Editorial. (Nord. Med., 87:8, October, 1972.)

Hospital Administration

Hospital patlants throughout the country will in the future receive better information about who is responsible for hospital administration and how these administrators and responsible politicians may be reached. The Association of Swedish Country Councils is planning a patient brochure specifying all the information that ought to be provided all newly admitted patients. It is to be hoped that this brochure will also coolain additional local information specific to the hospital in question, Editorial. (Läkortidningen [J. Swedish. M. A.] 69:40, September 27, 1972.

Ultrasonic Study Advised During Craniotomy

PHILADELPHIA-Bane presents the major sonic investigations during craniotomy are desirable, investigators fram Buffalo, N.Y., reported here on the basis of their five-year experience in a selective group of

The procedure is useful in the selection of the appropriate aperative site an the dominant hemisphere and as an aid in the diagnosis of such discases as primary brain tumor, metastatic brain tumor, intracerebrnl hematoma, and intraccrebral abscess, they told the 17th nanual meeting of the Americoa Institute of Ultrasouad in Medi-

"Trnnsdural echoencephalography may also prove helpful in the senrch for foreign bodies, included embedded bone frngments, and in the guidance of n biopsy or ventricular necdle," sold Dr. Reinhold E. Schlagenhauff, Associata Professor of Neurology at State University of New York at Buffalo School of Medicine, who reported for the group.

Echocncephalographic exploration durng surgery was carried out, he said, after

elevation of the bone finp or trephination, usually transdurally but on a few occasions limiting factor in the canventional use of directly on the cerebral cortex. The proechoencephnlography, and therefore ultra- cedure, he noted, takes about 10 minutes

The transducer, he explained, is lightly applied to the dura or the brain surface, and during gentle rocking movements the ultrusonic reflections are observed and photographed nu Poluroid film, "The opcrative field is systematically studied in this manner in multiple sites, an average of six to 12 probings.

Provide Additional Information

Noting that refined radiologic examinations produce quite necorate preoperative knowledge of the site and extent of intracranial mass lesions, Dr. Schlagenbauti said, however, that "intraoperative ultrasound evaluations can provide additional information as to the depth and extent of nn intracranial tumor and aid in the localization of introcranial hemorrhage or ab-

"An aspiration needle," he continued, "moy be inserted at an estublished point where the hemntomo appears nearest to the surface, and single or multiloculated obscesses may also be recognized by this

method. This ndvnatnge seems especially valuable in the presence of marked increased intracranial pressure."

In apprations on the dominant hemisphere, he declared, ultrasonic mapping may help in selecting the cortical incision closest to the underlying tumar "and prevents innecessary and potentially hazard. ous intracerebral exploration, thus preserving vulnable brain tissue."

Although the transdural echacacephalographic technique minimizes the possibility of manipulative trauma or contact infection, Dr. Schlagenhauff said, cortical application of the transducer has not resulted in subpial hemorrhage.

"Most of our operative probings," he said, "have been entried out transdurally, since we have found an significant difference in the results obtained from transdural compared to direct cortical problems. However, the amplitude of the echoes reecived from cortical prohings is probably

He said that no significant wound infections attributed to the ultrasonic probing were observed in their series of patients

Coanthors were Dr. Franz E. Glasauer, Jack Napoli, and Carol Schulz.

NIH Asked to Start Assessing Manpower Need

WASHINGTON-The Notional Institutes of Health has been ndvised by the General Accounting Office to get on with detailed assessments of mnnpower needs in the health professions in which education has been supported by Federal funds.

Clear projections and priorities are still lacking more than five years after the start of Federal contributions to medical, deninland other health professions schools for the support of leaching activities, the GAO declared in a report on NIH nctivities.

The report said that through July, 1971, \$373,600,000 was given to health professions schools for support of instructional activities. Eighty-four per cent went to schools of medicine and dentistry and the remainder to schools of pharmacy, optometry, osteopnthy, podiatry, and veterinary medicine. Medical schools received \$224,400,000-\$109,000,000 in institutional grants and \$115,400,000 for special projects, including construction of teach-

Federal programs have resulted in Increased enrollments of medical students and in curriculum improvements during the five years reviewed, the GAO said. Entering medical students numbered 8,759 in

88 schools in 1965 and 11,34g in 103 mented that BHME was already working ever, that 25 per cent of physicians liconsed in this country in the five years were graduates of foreign medical schools.

Besides criticizing the NIH and its Bureau of Health Manpower Education for not establishing firm projections and relating its funding programs to them, the GAO also found fault with the achools far inademuste accountability of expenditures. Most af the funds went for salaries, but GAO investigators were not oble to determine in six medical and six dental schools atudied how much of the time of faculty members paid from teaching support programs was actoally spent in instructional activities.

The GAO also urged NIH to move ahead on studies of the effects of population growth and migration on the needs for health personnel, olong with plans to effect a redistribution of health workers. Determination of optimal physician-population ratios and plans to expand the uses of paraprofessional health workers were also requested by the Congressional review

In its response, the Department of Health, Education, and Welfare con- program.

schools in 1970, for an increase of 30 per with professional associations and school cent. The watchdog agency observed, how- groups to make the determinations and estimates sought by GAO. The department noted that it is now awaiting a study on costs of health manpawer to be completed in 1973 by the National Academy of Sci-

The GAO report covered the administration of programs authorized by the health manpower acts of 1965 and 1968. but not the new, expanded initiatives authorized by the 1971 act. The two earlier progroms authorized \$485,000,000, of which \$388,000,000 was appropriated and \$373,600,000 was actually spent by health

Medical Records Degree

BIRMINOHAM, ALA.-A bachclor's degree program in medical records administration has been announced at the University of Alabama in Birmingham.

Dr. Keith Bloyney, dean of the School of Community and Allied Health Resourcea, said that a five-year grant of \$239,522 from the Bureau of Health Manpower has made it possible to start the Cerebral Thrombosis

NASHVILLE, TENN.—Mixed conjugated esrogen in conjunction with a vasodilatorusually papaverine of some type-was recommended as therapy for cerebral thrombosis and as a means for preventing it by Dr. C. C. McClure, Jr., of this city.

The regimen has been used in more than 300 patients, he reported in Clinical Medicine, in a atudy covering a subgroup of 87 patients on whom there was a fiveyeor follow-up. Of these, three discontinand two had recurrent thrombosis within aix mooths. There were two instances of recurrent thrombosis among the remaining 84 patients, both occurring in patients with polycythemla.

"In almost 100 per cent of the patients the symptoms were definitely improved,' Dr. McClure said. It was determined by ophthalmoscopic examination that retinal arteries were increased in size from 20 to 30 per cent.

Drug Addiction Withdrawal

WINNIPEO, MAN.-Drug addiction withdrawal symptoms could be ameliorated by choline treatment, work by Canadian iovestigators suggests.

Their animal studies earlier indicated

that opiates impair tha release of acetylcholine at perlpheral and brain sites. Dr. Carl Pinsky, of the Department of Pharmacology and Therapeutics, University of Monitoba, theorized that when morphine is withheld, acetylcholine floods out from central and peripheral cholinergic terminals loto supersensitive receptors.

In a new study, the investigators habituoted rats to morphine sulfate, increasing twice-daily doses over 35 days. Either choline chloride or normal saline was administered with the last dose of morphine and mone twice daily for three days,

The treotmant diminished the intensity of wilhdrawal, the report said. The choline-treated rats had less weight loss and normal grooming and appeared healthy, in contrast lo saline-fed controls,

The team, including Dr. J. W. Phillis, A. J. Vasquez, and K. Jhamandas, later duplicated these results in other species.

Radiation for Gliobiastoma

Tokyo-A radiation method using a Japaneso-developed sensitizing drug is said to have produced oppnront cures in glioblastoma cases.

Investigators in the neurosurgery department of Tokyo University report that tha normal 5,000-r dosage of cobolt60 irraradiation necessary for treating brain tu-

mors could be cut by half. The sensitizer was identified as shodomyein, an anticarcinogenic drug developed by an Osaka pharmaceutical com-

After laboratory lests on mice, the team used ahodomycin in cobalt treatment of four potients with glioblastoma. One died, but threa are now apparently cured and have laft the hospital.



Meets today's needs because it can contribute so much to so many antihypertensive regimens

Early and more vigorous treatment of

pressure. Antihypertensive regimens closely molded

An antihypertensive agent unique in its mode of

action. Apresoline can be combined, for added

control, with other antihypertensives—thiazide

choice to the physician in constructing an

appropriate regimen.

and nonthiazide diurctics, sympathetic-inhibiting

agents, and rauwolfia alkaloids. The result: greater

These goals can be met in part with Apresoline.

Aprenoline differs from other available

antihypertensives in that it appears to act

directly on the arterioles where diastolic

it decreases peripheral vascular resistance

blood pressure is ultimately controlled.

By relaxing arteriolar smooth muscle,

-decreases arterial pressure.

hypertension. More adequate control of blood

to individual requirements.



MDICATIONS
Essential hypertansion, alone or as an adjunct.
CONTRAINDICATIONS
Hypersensitylity; porosary artery disease; mitral
valvular rheumetic neart disease. vsivular rheumetic hest disease.

WARNINGS
Chronic administration of doses over 400 mg perdsy may produce an arthritis-like syndrome leading to a clinical ploture simulating acute systemic lupus a rythematosus. In rare instances bits may occur at lower doses. Most of thase

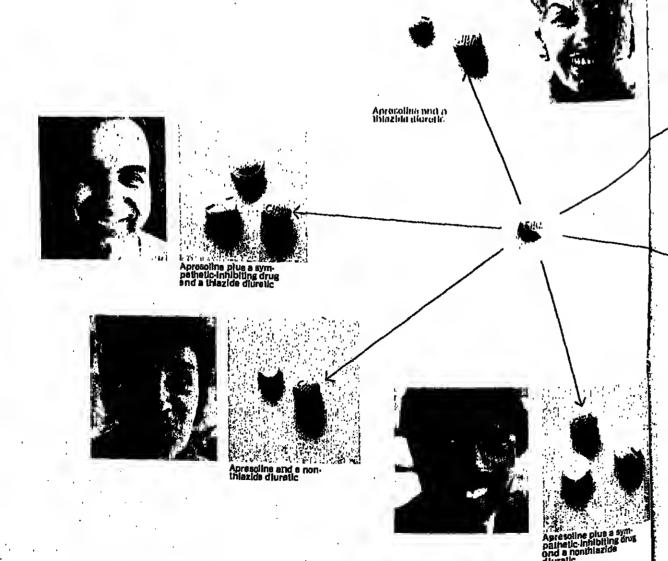
reactions are reversible upon withdrawet of insrepy, but long-term treatment with ateroic may be necessary. An L. E. cell preparation is indicated in the presence of any unexplained Inhibitore with caution.

hypotension may occur, and the pression of principal to epinephrina may be reduced. Peripheral neurilla, avidenced by persahesinumbness, and lingting, has been observed, numbness, and lingting, has been observed. Published svidence suggests an antipyricular effect and addition of pyridoxine to the refinition of the properties of the properties. The properties of the pro

high in this group. The majority of patients have a significent entity pertensive affect if no more than 300 mg Apresoline is used daily and is co bined with a shazide, reserpine, or both.

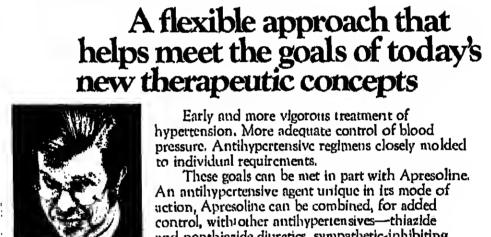
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Apresoline...anantihypertensive idea (hydralazine) whosetime has come



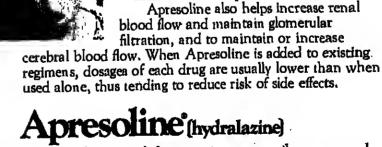


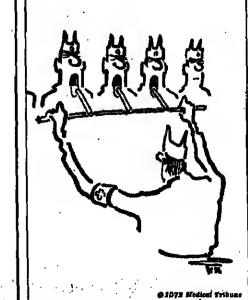


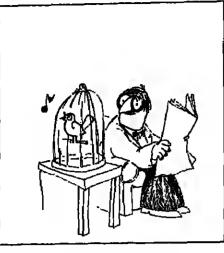


















Round Table Devoted to Ischemic Heart Ills

One of the targets in such prevention would be the "risk factors" that are ossociated with beart disease, but the meeting was warned that many of the trials designed to test the validity of these factors are opao to scientific challenge, Dr. Oliver, have the standard risk factors become a kind of mythology that should be do-

DR. OLIVER: This is an extremoly important and difficult question. It is of concorn to me because many people who approach the problem of risk factors do ao too glibly. There is a tendency to accept certain facts uncritically because we have to have something to hold on to.

M.T. Should the risk factors therefore be submitted to reclassification?

DR. OLIVER: I would put it another way. The positive correlation between hypercholosterologia (rathor than any other form of byperlipidemia)hypertension, and excessive cigarotte smoking with ischemic boart disease in developed countries cannot be challonged. It can olso be shown that whon those risk factors coexist the result is not an arithmetic but a geometric progressioo in incidence. But il does not follow that by controlling one or all of these you can control ischemic heart discase. It is a very complex disease, and n siznhic proportion of cases cannot be explained on the existence of risk factors. period of time can lead to the disease. M.T. 1 So we need to pursue more research

in this area? DR. OLIVER! It seems clear that there are additional components involved which we are incapable of measuring at the present moment, and until we can identify it we should not be surprised if we cannot compictely control ischemic heart disease.

DR. FEJEAR: You might qualify that by sdding that for the sama level of risk factors there appear to be different prognostic values in different communities, Certain factors, for examplo, have a more significant prognostic value in the United States than in Europe. But at present we cannot explalo more than 50 per cent of cases on

the basis of known risk factors. M.T.: To come back again to the risk factors per se, I notice, Dr. Oliver, that you made no reference to physical inactivity in the list you have just enumarated. Was

any rete, up to the present meeting-as con- factors is far less after infarctioo, probvincing as for the other three risk factors. Physical activity, or lack of it, is of in. The fact, for example, that the myocourse important-there is no question of that, But discriminant function analyses show that physical inactivity has less influence in the disease than the others. This may be because of inadequate "weighting" due, for example, to our inability to score DR. NIKRILA: But we are dealing with

DR. FEJFAR: I would disagree with you and in secondary prevention it is myocar-showing that physical inactivity has the highest prognostic algnificance.

DR. OLIVER: The Tecumseh andy shows that this is the most important risk factor

there it is more important in large ar- tant that we should scrutinize the feed-

Framingham, Dr. Olivar, do you consider ease and the effectiveness of preventive that it suffers from the kind of experimen- mousures. in your review of trials at the meeting?

DR. OLIVER: Let mo say at once that the fact, what we are talking about round this soxual factors involved? tabla would be impossible without it. So any minor criticisms are really rather carping. Today we would set it up differently, oo the basis of advnaces in our own problems in design and data collection, but these are minor in relation to its yield. M.T.: To return from this point, I would invite Dr. Renold to commont on the significance of diabetes among risk factors. Dn. RENOLD: It is clearly involved in n

oumber of the other variables, less so perhops in hypercholesterolemia but certainly in hypartriglyceridemia and obesity. But thore is much more Interrelatiooship than with some of the other factors, and at times it is difficult to hold them apart. DR. BEAUMONT: It should also be kept in mind that increasing age tends to assume importance in regard to persons with un accumulation of comparatively miner risk

DR. NEKKELA: Yes, one important risk factor is time. On the one hand, relatively weak risk fuctors ossociated with a long Conversely, the disease can result from the presence of n strong risk factor over a short period of tima.

DR. Or. IVER: But keep in mind that there is an inverso age weighting with at least two of the risk factors. Cignretto smoking and hypercholesterolemia are more Important in mon aged 35-45 than mon nged

M.T.: Is any distinction to be drawe between the prognostic value of tha risk factors we have been discussing before and after the first heart attack?

Dr. FEJFAR: The question I would ask in that context is whether the prognostic value is really different or whother it is simply overridden by the much higher risk of getting another infarction.

DR. OLIVER: It may wall be shown in the noxt five years, and together with what we have learned in the last 10, that control DR. OLIVER: Yes. I do not find the eviably because we have another set coming cardium is no longer contracting efficlently may be far more important than

M.T.: Or the occurrence of arrhythmias? DR. OLIVER: That, too, of course.

another disease. In primary prevention you are coocerned with arterial disease,

DR. OLIVER: Yes, I agree and would go Dr. Renold: What about blood sugar? ao far as to say that many secondary prevention trials are conceptually unsound, because they are oot controlling the factors that are operative after infarction. DR, RENOLD: Framingham also, but DR, JANUSHKEVICIUS: It is also impor-

M.T. I Since we are on the subject of factor in all stages of ischemic heart dis-

tal design problems to which you referred M.T.: Can we now move from the area of risk factors to discuss the factors that appoor to protoct from ischemic heart dis-Framingham aludy was magnificent. In ease? What are the genetic, ethnic, or

DR. OLIVER: Yos. Sitting around this table we bave a group of men who are of middic age or older, and coronary atheroselerosis would show up on the angiogram understanding of the disease, and there are of each one of us, Yet we will not necessarily develop Ischemic heart disease. Why we nil do not is a really important ques-

Dn. BEAUMONT: To unswer this, we have to study mechanisms. In other words, we should not ask: Why do men tend to get ischemic heort disense, and not women? But, rather: Why is if that women nro less subject to the disease?

Du. FEJYARI This brings up the question of epidemiological studies as well. There is a project, coordinated by WHO, in which autopsy specimons have been collected by centers in Prague and Malind, Sweden. and three areas of the U.S.S.R. and comnared. Quantitatively measured, there is very little difference In the levels of atherosclorosis found fur the younger age groups. Yet there is twice us much ischemic heart disease for the uge groups in question in Prague as in Sweden.

Again, there is nut a great difference in the providence of atherosclerosia between east and west Finland, but the incidence of ischemic henri disease, and the fatulity rato, is higher in the cast than in the west. So, as Morris poslulated 20 years ugo, it Gets Psychiatric Award



The 1973 Taylor Monor Hospital Psy chlatric Award will be prescuted to Dr. Incques S. Gotttleb of Detroil at the fifth annual symposium to be hosted by the hesplinl. "Schlzoplirenia Around the Warld" Is the theme of the symposlum. This year Dr. Golilleb and and clates isoluted und parlially identified enzyme whose absence from brain mny graduco schlzophrenia symptoms.

may be that arterial disease remains arterial disease until factor X ar Y or Z comes along and triggers a sequence leading to s myocardial event.

Munical Tribinn's report of this laternuttonal round-table discussion will con-

Silicone-Gel Prosthesis Cuts **Incontinence After Surgery**

Continued from page 1 the 66th annual meeting of the Southern Medical Association.

had excellent results. Noting that four of the 13 had previously had unsuccessful anti-incontinence surgery, he said that "if only 'oew' cases are considered, the cure after infarction of those risk factors not rate with the silicone-gel prosthesis opera-

Dr. Kaufmao noted that, in his experi- n hyperoncotic solution. Owing ence with other procedures, excellent results were obtained to 32 per cent of paflents in whom the crura of the peols were crossed in the pertoeum to provide compression of the urethral bulb and in 45 per cent of those undergoing a modification of that procedure.

plained, is bemispheric and has ao external volour of polyurethanc. Velour-coated Dacron straps are attached to it. "The valour," he said, "acts as a trellis for ingrowth of fibroblasts and provides firm fixation, obviating the formation of a apace or fluid about the prosthesis."

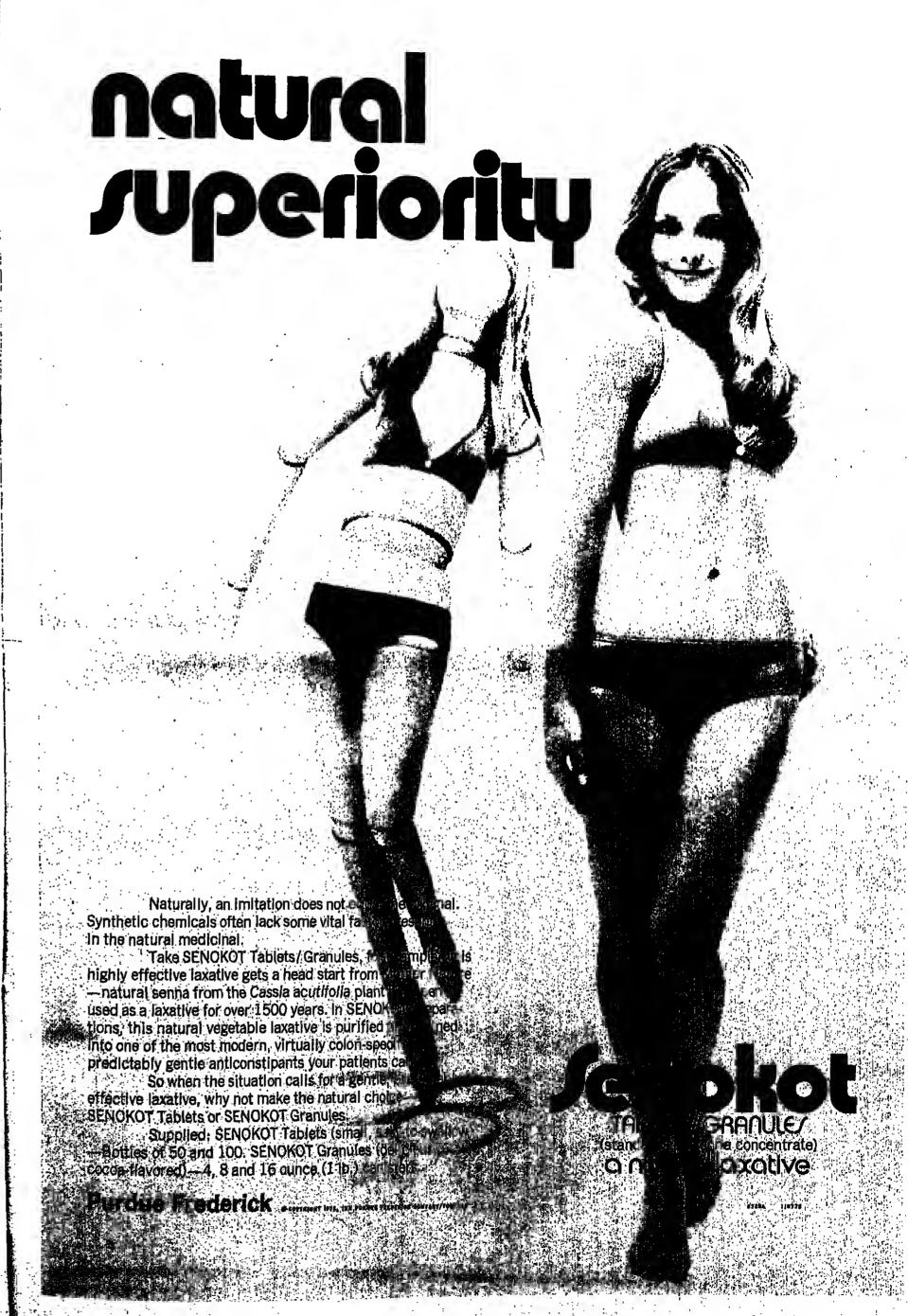
The device is positioned against the urethral bulb. A right-angle forceps is inSorted bluntly outsithed all the bounds. Bombay, India-A galace in West Books. serted biunity on either side between the will be converted info a 800-bed hospi crus and its respective pubic hone, and the by the state government if ocgolistical tapes of the prosthesis are pulled through with the owner, the Maharajah of Coochtery disease than in coronary disease. backs between the chaoging types of risk these tunnels. The straps are then fied over Behar, are successful.

of the 21 patients, he said, i5 had incontinence after transurethral prostates Thirteen of the 21 patients, he reported, tomy, four had incootinence after suprapuble or retropuble prostatectomy, and two were incontinent after radical pro-

If necessary, he pointed out, the prosthesis can subsequently be injected without anesthesia and inflated with 2 to 10 cc. of self-sealing property of the Silastic shealb of the prosthesis, he said, leakage of the Injected fluid is negligible. Dr. Kaulman declared, however, that none of the patients who were cured following implanta-tion required injection of the prosthetis during the postoperative period. Pollow-The silicoos-gel-filled prosthesis, he exhe said, is too ahort to permit evaluation. Of four patients who had injection of the capsule postoperatively, he added, one was cured and three have been improved.

Palace to Hospital

Medical Tribune World Service



Esimil[®] Ser-Ap-Es^o

Esimil
Hyperiension (other then lebile forms) which
cannot be adequately controlled with simpler
agents; moderate to severa hyperiension;
eusteined hyperiension; almost ell forms of fixed
and progressive hyperiensive disease; when
atta attacts of other antihypertensives prevent
effective treatment.

Ser-Ap-Es
All cases of hypertension excapt the mildest and
the most severe.

All ceses of hyperiension except the midest and the most severe.

CONTRAINOtCATIONS
Esimit
Guenathidina: Proven or suspecied pheochromocylome; hypersensitivity to guanathidine. Do not use with MAC inhibitors.
Hydrochieral hiezide: Anurie; discontinue drug il renei abutdown occure for any reason, Progressive hepatic disease may accelerate development of hepatic come. Do not give to patients with known ellergy to thiezides ar other sultonamidederived drugs.

Sar-Ap-Es
Reserpine: Known hypersensitivity; mental dapression, especially with suicidal tendencies; active popile bicer; therefore live colliss.
Hydralszine: Hypersensitivity; colonary artery disease; mitral velvuler rheumatic heart disease, hydrochlorothiazide section above.

WARNINGS
Antihypeitens lives are potent drugs and con lead to disturbing and serious clinical problems. Physicians should be familiar with a lit drugs and their combinations before prescribing, and patients should be warned not to deviate from instructions.

Estimit
Guanatistidinal Warn patients about the potential hezards of orthastatic hypotension, which can occur isoquonity. To playant fainting, patients should sit or the down with onsel of utzitness or weakness, which may be particularly bothersome during inliter dosage adjustment ond with postural changes. Postural hypotension is most marked in the morning and is accentuated by hot weather, alcohol, or exercise. Warn patients to evoid suddon or prolonged standing or exercis while teking guanatistidine.
Concurrent use with reuwoitle derivatives may cause excessive postural hypotension, bradycards, and mental depression.

If possible, withdraw therapy 2 weeks prior to aurgary to avaid possible vascular colleges and to reduce hezards of cardiac errest during anesthesis. It amargency surgery is indicated, administer preanesthatic and anesthelic seems cautiously in reduced dosage, with oxygen, stroplars, and vasopressors with extreme caution because patiente on guene hidne may have e greater proponsity for cardiac arrhythmias. Fabrila illiness may reduce desage requiremente.

required and deaths have occurred. Available information tends to implicate enteric-coaled potessium sails. Therefore, coaled potessium sails. Therefore, coaled potessium sails. Therefore, coaled potessium sails. Therefore, coaled potessium sails, therefore included in the second potestical and discontinued immediately if abdominet pain, distantion, nausea, vomiting, or Gibleeding occurs.

Lowering of blood pressure in hypertensive catiants may somatimes result in nitrogen rotention, and also result in reduced renal blood flow, particularly in those with impelred renal function. If progressive renal incufficiancy is observed, discontinuance of drug may be designed, in patients with renal discess, thiszides may precipiate azotemia. Cumulative effects may develop in those with impalred renal function. Dosage should always be carefully titrated. Pay speciat allantion to electrolyte balence of patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency, in patients with severe hepatic insufficiency. In patients with severe hepatic fusufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic nsufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic nsufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency. In patients with severe hepatic insufficiency decreased a residual patients and decreased a residual patients. In the patients with severe hepatic insufficiency in debetics. Hyperuricamia may occur but is generative. glucosa toleranca; use caulibualy in diebetics.
Hypenricania may occur but is generally
reversed by a unicosuric eigent.
Thiazidas may decrease afteriel responsiveness
to norepliephrina and increase responsiveness
to tubocurarine; if possible, withdraw inerepy
2 weeks crior to surgery. Hypotensive episodes
undel ensathesia have been observed. If amargency surgery is indicated, pregnesthatic and

anesthelio egenis should be administered in reduced dosage.
The poseibility of sensitivity reactions should be considered in paliants with a history of allergy or bronchial estims.

Resembles Wilndraw resembles 2 weeks before eurgery, if possible. For amergency surgical procedures, give vagal blocking agents peren-tarsily to prevent or reverse hypotansion and/or pradycardia.

tarily to prevent or reverse hypotansion and/or bradycardia.
Electroshock (herapy should not be given to patients receiving resumbite preparetions, eince severe and even fast reactions have bean reported. Otscontinue for 2 weeks before giving electroshock therapy.

Hydralezine: Hydralezina, particularly if given for prolonged periods, may produce en arthritistike gyndrome, leading in rare instances to a clinical picture elmuleting ecuta eystemio tuqua erythernatosus. Most of these reactione ere reversible upon withdrawed of therapy. These side effects are not anticipated even with maximal recommended dosage of Ser-Ap-Es.

socion above.

Jeege in Pregnency

Esimil

Guanathidine: The salety of guenethidina for use in pregnency has not been established; inerstore, this drug should be used in pregnant patients only when, in the judgment of the physician, its use is deemed essential to the welfare of the patient.

Hydroshlorothiexide, Thiazidee should be used with caution in pregnant or lactating patients eince this drug crosses the plecental barrier and appears in breast milk end mey result in (etal hyperbillinshimemis, thrombocytopenia, or altered carbohydrete metabolism. It is therefore possible that the adverse reactions evan in the actual may occur in the newborn. Reserpine: The salaly of rauwoille preparations for use in pregnancy or facialism has not been established; therefore, thie drug chould be used in pregnant pallants only when, in the judgment of the physician, its use is deemed essential to the weifers of the patient.

prathlezide: See hydrochlorothlazide

Hydralezina: Alinough there has been no adverse experience with hydralezine in presidency, there have been no systematic enimal reproduction studies to support the idea of salely reproduction studies to support the idea of salely in pregnancy. The drug should be used in prefidency only when, in this judgment of the physical idea of the clan, it is demmed excential to the wellers of the policin.

Hydrachiorothiazider See hydrachiaromiazide succion above.

PRECAUTIONS

Sainti

Guanathidine: Give cauliously to patients with
severe coronary insufficiency, recent mycerdal
infarction, or cerebrovesculer insufficiency, give
Appetite suppressants (eg. amphetamines), midstrinularis (eg. optiedrine, metrylphanidale),
sord for critic antidepressants leg, impramine,
and for critic antidepressants leg, impramine,
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ord

Even if blood pressure and other parameters are similar, different patients can have very different needs.

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the most widely prescribed thiazide-containing antihypertensive combination

 because it provides hydralazine. Only Ser-Ap-Es adds Apresoline* (hydralazine) to rauwolfia-thiazide. Dosage of each component is lower than if prescribed alone.

 because hydralazine maintains or increases renal blood flow through peripheral vasodilation.

□ because hydralazine relaxes cerebrovascular tone.

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 because it often controls hyper-tension where other therapy fails. And when Esimil controls blood pressure, it usually stays controlled.

 because it contains no rauwolfiaan important consideration when there is a history of depression.

 because it contains 25 mg.
 hydrochlorothiazide per tabletfor patients who can benefit from additional thiazide medication.

□ because dosage is simple. Once-a-day dosage is usually enough,

Ser-Ap-Es or Esimil Because there's more to hypertension than you can get off the cuff"

Paptic Ulcers or other chronic disorders may be aggravated by a rotative increase in parasympathalic tone. Periodic blood counts and liver function tests are advised during prolonged interapy.

Hydrachiarathiaeldar Perform sarum poleselum, 8UN, uric acid, and blood augar tests prior to and all appropriate intovate during therapy. Witch palients for clinical eigns of fluid or siectrolyte imbaterica (hyponatramia, hypochioremic elkelosis, hypokalemie i. Warning signs drynese of mount, hinst, weakness, lethargy, drowsinase, resileesnese, muscle peins or cramps, muscurier fallique, hypotension, oliguris, techycardia, Gl dieturbance. Scrum and limportant when patient is comiting excessively; touring parenteral fluide, aleroide, or ACTH; during large misk diurosie; in presence of severe interestical parisk diurosie; in presence of severe

interierence with adequate oral intake of elec-individes will also contribute to hypokatemie. Olgitalla may exaggerate metebolic effects of hypokatemia especially with reference to myo-cardial activity. (Signe of digitalie intoxication may be produced by formerly tolerated doses of

digitalis.) Hypokalamia may be avoided or treated with supplemental potassium or potasalum-rich foods. Supplemental potassium is a meditary in the food of the supplemental potassium is a meditary or less, or if pellent is receiving digitalis. Chloride of less, or if pellent is receiving digitalis. Chloride delicit may be corrected with ammonium chloride (accept in lipose with hepatic or renal disease) and lergely prevented by a nonrigid saft intake. If dialery saft is unduly restricted, esperially during hot weather, in severely adamatous patients with congestive heart tallure or renal disease, a low saft syndrome may complicate therapy with thiszides.

Transient elevetions in pleama calcium may occur in patiente taking thiszides, particularly in those with hyperparallyroidism. Pathological changes in the parathyroid glend have been reported in a lew patiente on prolonged intaxide therapy. Hyperuricemia (or irank gout) may be precipitaled in certain patiente, inquin requirements in diabetic patiente may be increased, decreased, or unchanged. Lalant diabetas may become manifest during thiszide therapy.

Ser-Ap-Ee

Ser-Ap-Es
Resercine: Use cautiously in patients with history
of peptic ulcer, ulceretive colitis, or other GI
dicorders. May precipitate biliary colic in
pallants with galistones.
Diccontinue et liret sign af mentel depression,
keeping in mind possibitily at suicide. Use with
extreme caution in those with history at mental
dapression. Take special care with asthmatics
and in hypertensives with renal insufficiency.
Use cautiously with digitalis, cumidine, and
guanethidine. Not recommanded for a ortic
insufficiency.
Hydralazies: Use cautiously in suspected coro-

Insufficiency.
Hydralizies: Use caulicusiy in suspecied coronary afery disease, carebral vasculer accidente, and advanced renal damage.
Peripharal neuritis, avidenced by paresthasias, numbnese, and tingling, has been observed.
Published evidence suspects an entipyridoxine affect and addition of pyridoxine to the regimen it symptome develop.
Stood dyscrasiae, concisting of reduction in hamoglobin and red cell count, leukopenta, agranulocytosis, and purpura, have been

reported rarely. If euch abnormalilies develop, discontinus therapy.
Periodic blood counts and liver function tesis are advised during prolonged therapy.
Hydrochtorothiezids: See hydrochlarothiezide section above.

Bafare eterting tharepy, con product literalure.

Esimil
Tebiata (white, scored), each containing 10 mg
guanethicine manosulfale and 25 mg hydrochlorothiazide; bolties of 100.

Tablete (dark salmon pink, dry-coaled), each conleining 0.1 mg receptine, 25 mg hydralszine hydrochloride, end 15 mg hydrochloride; bottles of 100 and 1000. Consult complate literature of both praducts before prescribing.

8/4687 17



CHANTEL MOLITER TO THE

Senior Medical Consultants Why Waste Valuable Clinical Experience?

By Joseph Moldaver, M.D. New York

WE ARE FACING A DILEMMA today which is really a paradux. We in the medical profession fight to provide additional healthy years for each persua, but when that individual attains the age of 65, the second part of the paradox occurs: we retire people and east them aside.

In these times, when the way we deliver health care services is being severely questioned, and when continuing education of physicians tends to become mandatory, we must ask ourselves: How can we utilize the talents of dedicated physicians who have held responsible teaching

positions until they were 65 years old?

We say there is an answer. How would you like to have a clinical professor of medicine or surgery or a professor of puthology as n teacher in your continuing medical education program, and for consultation on clinical rounds. and to lend his varied expertise to your in the outputient departments could avoid residents and house atnff? Highly motivated physicians who were formerly respected teachers in the different fields of expertise of the SMC, the strength of nn medicine have formed a group known as outpatient department, or even a hospital Senior Medical Consultants (SMC). These department, could be enhanced signifi-SMCs are recently retired faculty members whose skills, competence, experience, and wisdom are an untapped source of wealth

Our objectives for the groop are: 1. To provide clinical consultants or physiciaa-teachers to hospitals not nffliated with medical schools-in nny depart-

for hospitals and clinics that are not affili-

ated with medical schools. Here are distin-

goished physicians, nunitable on a regular

basis for clinical conferences or rounds.

2. To provide outputient departments and clinics with the same type of expertise. 3. To assist hospitals and clinics to be-

come amail teaching centers. 4. To provide an opportunity to hring SMCs to the patient's bedside, and to pre-

sent at clinical conferences the hospitalized make up a large part of our hause stall. patient, as well as some eases selected from outpatient departments. SMC is currently funded by N1H ns a

pilot project. It is functioning in 32 hospitals in the New York-New Jersey-Connecticut aren. There are 68 elinical consultants involved, and the response by to participate in clinical conferences, to participating hospitals has been one of Steady demand.

The SMCs themselves have an advisory council of younger, yet-to-be-retired people from all lines of the health care spectrum, from the clinical professor of medicine to an executive hospital director to a president of a medical society.

The SMC physician is not chosen by a hoapital to conduct peer review, be a critic, or manage patient care while coaducting case conferences. The hospital selects the individual physician-tencher whom it feela will be of most benefit. Brieflogs prior to engagement are held, so that the best possible preparation can be undertaken by the ested faculty members are walcome, and physiciao-teacher. After each period of at-should be addressed to Joseph Moldaver, tendance there is an evaluation by both the M.D., Director, Senior Medical Consulphysician-teacher and the hospital. This is tants Program, 140 East 54th Street, New accomplished by means of a questionnaire and an interview. There is a token honorarium for the clinical session (two to three Program, St. Barnabas Hospital, Third hours) paid for under the group's NIH Avenue and 183rd Street, Broox, N.Y.,

We believe that over-all evaluation of

the project will show the following: 1. The period of some hospitalizations could eventually be shortened.

2. The number of tests per patient could he reduced. 3. Fewer visits to outputient depurt-

ments could be expected. We also feel that in many instances a complete dingnostic work-up could be achieved and that therapeutic advice given

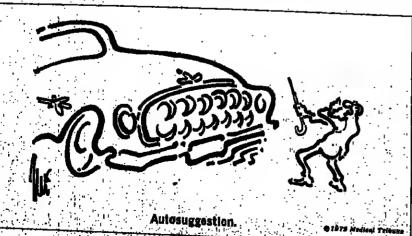
some hospitalizations. One could also expect that, by using the enntly. This woold finally result in better care in the community hospital, especially in ghetto-area hospitals, where chronic shoringes of staff and unhenrable hurdens on clinics and outpatient departments are

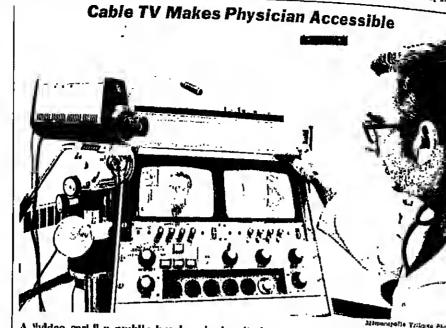
Since there is such a tremendous need in hospitals throughout the country for the services of outstanding, knowledgealtle physicians, the SMC program could provide men who are authoritles in their fields, The hospital taking part in the program can nehieve n oniversity-quality educational level without its staff having to travel to a medical center. The program is also beneficial to the foreign physicians who

The SMC program is flexible, to conform to the needs of the utilizing hospital. Its members are available for diagnostic or monngement duties, for help in the introduction of new approaches and methods; ns aides in creating small teaching centers, make ward rounds, attend outpatient clinles, and to hring teaching-center expertise to outlying institutions.

With the willingness of the SMCs to "fill gaps," to complement existing programs. and to expand services, the wasteful policy of retirement at 65 will be reversed, and we will be able to return healthy, energetic, motivated, and knowledgeable physicians, cliniciana, and teachers to the service of the health care field. In a time of dire need for bealth skills, this program provides one

way out of the current paradox. Inquiries from directors of medical edocation, hospital administrators and inter-York, N.Y., 10022, or to the Administrative Office of Senior Medical Consoltants





Voldeo carl," a mabile hand-pushed unit that contains a two-way clased-circult lelevision and monituring system is being tested in rural areas of Minnesata, where a wide-ranging selection of specialists is many lintile. Alarye, Or. John Wempner, of the Lukeview Clinie in Junuthan, Minn., grugrum director of the viden earl test, views x-ray on the right screen us his comments are broadcast to no identical unit miles away connected by conxint emble and munitured on screen at left.

Doctors' Debate

Menical Tribune frequently receives extensive and well-documented communications from physicians on current subjects of controversy or those of great current medical interest. We invite contributions in these enemy for presentation in this new leature.

How Deep the Probe?

Editor, Menical Turnine of

In regard to your editorial on November , "Heartening Hypertensive Perspectives -Part II," it is really too had that physicians have to wait until a professor type gets the disease and goes through the torture of evuluation to learn what thousands of internists nerosa the country have known for at least 10 years-that most blood pressure problems can be readily controlled with minimal amounts of medication and that those who do not respond to the usual measures certainly should be studied, purticularly when they have secondary involvement of eyes, kidneys, heart, brain,

Think of the thousands and literally millions of dollars that have been wasted to find the cause of a hypertension and then, In a given instance, have it limited to the renni area, only to have the wrong kidney luken out, us was done some years back ln mnny justitutions.

While enrrying on n very netive practice of internal medicino, dealing with hypertensivo and enrdiovusculur problems, I find myself only occasionally referring a patient who does not respond to rootine blood pressore medication. Why this cannot he done everywhere is heyond me.

When a single chest x-ray is now at least \$15 and an IVP is \$40 to \$50, etc., if we have to get to the final true cause of every should know hetter than in mistake enthuentity that we treat, the country certainly will be bankrupt.

Further editorials such as yours hupefully will be conducive to the re-establishbe lacking during the teaching process.

Blddeford, Mc.

Acupuncture

Editor, MEDICAL TRIBUNE

Having first become acquainted with that modality of Chinese medicine now so frequantly referred to as "the art of acuponctore" over 20 years ago and having rubbed elbows with its practice, so to apeak, in Korea, where it had been declared illegal some years before, it is no surprise to find that, like so many other aspects of human endeavor, it has now been "discovered" (like "love," for example) by the current and other organ transplants possible. generation. Regardless of its belog subject to penalty whan used in Korea, it was nearly always possible to find a Chim-Jangi of acupuncture stand up" and strike back! (native practitioner of the art) in each small village, if one was not suspected of

being an agent of the State. In order taa) old prejudice theirg down on something one is not up out I obtained a set of the needles and charts later in Formosa, but never used them.

I have subsequently thoroughly perised some of Dr. Felix Mann's banks and just recently attended the Symposium on Acupuncture at Stanford, held under the airpices of the Academy of Parapsychology and Medicine, paying close attention both to protracted papers, opinions, and 90% demonstrations performed on the singelor some nine or 10 hours. Approaching this with as open a mind as the undersigned is enpable of, it remains in this writer's opinion either related to or actually a form of hypnotherapy.

The fact that well-qualified physicians and their represented organizations are at-

... It remains in this writer's opinion either related to or actually a form of hypnotherapy,"

tempting to further test and evaluate this form of treatment is, I helieve, much to the credit of the medically trained mind, however, the rather blind, oncritical, poorly justified, carcless acceptance of this practice hy many allopathic practitioners, who siasm for valid results is appalling.

It is probably onknown to many of our recently trained physicians that in London sometime in the 1870s, I helieve, there was ment of clinical judgment, which seems to a hospital where for several years surgery was performed mostly under hypnosis. The LEOPOLD A. VIGEA, M.D. problem, however, was that the preparation of the patient might often require several weeks and in that time some cases of ruther noticeahly.

The publicity given this practice, I'm sore, must give the practitioners of it in various parts of the Orient real cause to chockle and in certain cases to come to the U.S.A. and fallen their pocketbooks at the expense of a fair number of physicians who in some cases even have national reputations, "Brain washing" can occur even in a modern commonity where the great blessing of the "total hip" and the outstanding technical developments have made heart

Possibly the easiest person to spot is the eggheadi? I wonder, "Will the real disciples WALTER R. MILLER, M.D., F.A.CS.

Oakland, Calif.

Respiratory Distress

HELSINKI-A possible prophylactic measure against respiratory distress in premature infants has been developed by Swedish investigators.

The new technique entails the use of a concentrated surfactant suspension that, in animal trinls, was deposited in the oharynx of premature rabbit fetuses before they started breathing. The resultant air expansion of the lungs prolonged the survival of the fetus, the investigators told the ninth International Congress of the International Academy of Pathology.

They prepared a concentrated surfnetant by centrifugation of alveolar wash from an adolt rabbit for one hour at 1.000 g and 4°C. This suspension was deposited in the pharynxes of premature rabbits at the 27th dny of gestation. Untreated fetuses from the same litter served as controls.

While all control fetoses died within 30 minutes, the majority of the treated animals survived for n significantly longer period, some op to 165 minutes.

The authors were Drs. Goran Enhorning, corrently at Toronto Western Hospital, and Gertie Grossman and Bengt Robertson, of Karolinska Hospital. Stockholm.

They said that further studies would center on the question of the optimal dose and composition of the surfactant deposit.

Kala-Azar in Iraq

BAOHDAD-An outbrenk of kulu-aznr is caosing concern to health authorities in northern and central Iraq.

About 80 children, all under the uge of five, have been admitted to the Children's Hospital here.

The World Health Organization is assisting the Iraqi Government in research an methods of prevention and treatment of the disease, undertaking personnel training, and supplying equipment.

Somalia Anti-TB Drive

MOGADISHU, SUMALIA-As part of a stepped-up drive ugainst tuberculusis, ail children horn in hospital in Sounalin are now receiving BCG vaccination.

The TB infection rate among Somali children rises from ahoot 20 per cent ut the age of five to 60 per cent ut 15.

Despite the efforts of the health nothoritics, wide areas of the country are still not reached by the vaccination drive.

Baby-Food Additives

GENEVA, SWITZERLAND-Food for bubies under 12 weeks should contain no addifives whatsoever, a joint FAO/WHO expert committee recommends.

The digestive system of a child of this age cannot convert the additives, it said, and these may accumulate in the body, causing damage that come to light only

Although babics over 12 weeks have a better detoxicating mechanism, the committee still recommended that additives be kept to an absolute minimum.

committee, should also he kept out of CS. Said the WHO/FAC baby foods, since there is no evidence yet available on the minimom safety level.

Antismoking Lectures

TEL AVIV, ISRAEL-All students from the seventh grade through the 12th grade will receive anlismoking lectures in all Israeli schools, according to a plan worked out by the Ministry of Education and Culture. The lectures will be given by physicians, nurses, and educators.

Pollo Rises in Spain

Manrio Poliomyelitis incidence continles lo rise in Spain. Last year 213 polio lype 1 cases were reported, one of the highest levels reached in the past decade.

Hospital Prenatal Care Reportedly Improving

St. Louis-Improved hospital care of the pregnant patient and more adequate prenatal care were named as the primary reasons for improved obstetric outcome over the past five to 10 years at Denver General Huspital, a "medium-sized eity-county tospital" earing for patients from a low socineconomie area.

This improvement can be seen in the drup in perinntal mortality from 4.9 per cent in 1964 to 2.7 per cent in 1971 and in a parallel drop in low birth weight incidence, which had averaged 18 to 20 per cent through 1966 but was slightly less than 14 per cent in 1971.

At a meeting, here, of the Central Association of Obstetricians and Gynecologists, a team from the hospital's Obstetrical and Gynecological Service spelled out the changes that brought these results, and they add up to one word: money. Thus, in 1965, they reported, a Mater-

nal and Infant Care grant from the Department of Henlth, Education, and Welfarc's Children's Bureau was awarded to the Denver Department of Health and Hospitals, to be implemented through Denver General Hospital.

In 1966, onder the auspices of the Den-

ver Department of Health and Hospitals, a federally financed Neighborhood Henlth Program was established.

• In 1969, the hospital received a separate lamily-planning program grant from

Hoapital Staff Augmented

At the hospital alone, it was possible to augment the staff from one full-time physician to nine full-time obstetrician-gynecologists; instead of four to six residents, there are now nine; and there have been significant increases in the number of nurses, pediatricinns, and anesthesiologists.

Prior to 1966, the physicians said, "outpatient facilities existed nt Denver General Hospital for the entire indigent population of the city....At present there are two large health centers and seven satellite health stations located in the lower income census tracts of the city." Fnmily physicians, pediatricians, obstetricians and gynecologists, specialty consoltations, nurses, social workers, and nutritionists are easily

"A fundamental part of the Neighborhood Health Program has been the employment of indigenous personnel as family health counsciors, who, after ap-

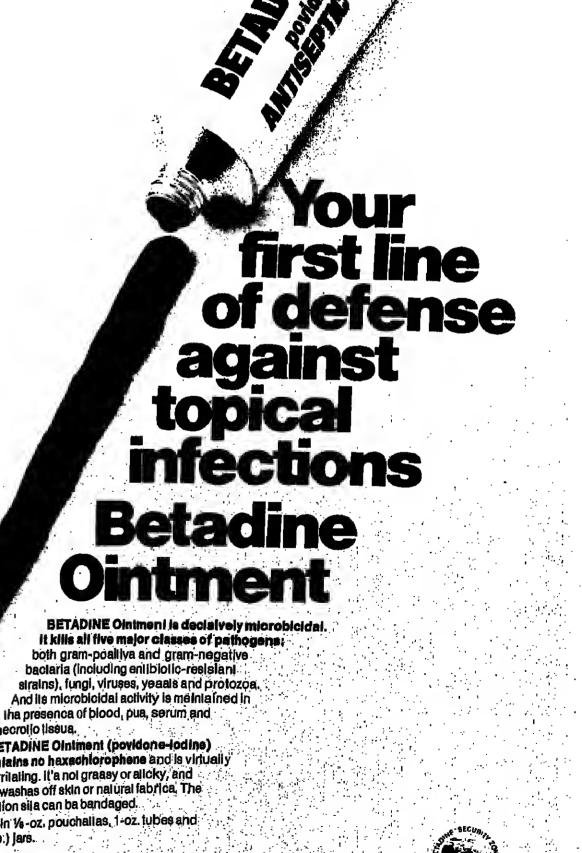
propriate training, reach out into the community referring medical problems to the clinics, aid in earrying out treatment, and assist with other community health problents," they emphasized.

The authors, Dr. Horace E. Thompson. director of the service, and Drs. John G. McFee, Albert D. Haverkamp, and Freeman H. Longwell, also listed a third factor, in addition to improved hospital care and prenatal care, that contributed to improved obstetrie outcome: a drop in maternal age and a decrease in the number of palients of great parity.

Linked to this population shift have been decreases in the number of twins delivered, in the incidence of placenta previa, and in the occurrence of such diseases as hypertension, renal disease, diabetes, and unemia, which are more prevalent with advaneing age and purity.

"This improvement, however, only represcuts n beginning," the team pointed out. "Problems continue to flourish and patient care, even under these improved circomstances, is not always atlequate."

They urged further increases in staff for the labor-delivery area, more attention to high-risk pregnancies, and expanded efforta in family-planning education.



necrollo lisaua. **BETADINE Ointment (poyldone-lodine)** contains no haxachlorophene and is virtually nonirrilating. it'a not grassy or alloky, and aasliy washas off skin or natural fabrica. The application sita can ba bandaged...

Supplied in 1/2 -oz. pouchallas, 1-oz. tubes and 16-oz, (1 lb.) jars.

Purdue Frederick



It may be the merry yuletide season, but we have just been informed that at least two French groups are concerned about us for reasons that are not at all reloted to such winter hazards as the skyrocketing cost of filling one small miracle-fabric sock with gift-wrapped scasoual cheer.

We quote from a letter recently re-

"The Cognae Producers of France are worried about the threat of influenza in the United States and wish to advisa that a pitcher of orange juice spiked with cognac may be just what the doctor ordered.

"The Champagoe Producers Association of France is equally concerned with the menaced state of American health and feels it has a (bubbly) alternative to cognac should disaster strika or merely im-

"If the bubbly remedy is chosen, the Association emphasizes that champagne corks should never be popped. Popping is a bit vulgar, and flying corks are potentially dangerous. The cork should sigh erotically when extracted."

We hasten to add that the letter came to us from a chap who represants the American interests of the Cognac Producers of France and the Champagne Producera Association of France and may be motivated by crass commercialism. But we couldn't resist that sentence about the sighing cork.

Anyone with a better flu remedy is invited to correspond.

A timely year-end note comes to us from Dr. Michael M. Stewart, who is with the Rockefeller Foundation in Bangkok.

Health Planning, 1972

Plaoners generate projections, Doctor-critics make corrections. Outcome? Programs, targets, ranges-But patienta don't see any changes.

"The project was designed to show the private medical sector and the general hospitala that medical emergencies involving acute intoxification could be handled in facilities and by staffa aircady avaliable in any general hospital setting,' Dr. Tread-

-release from the Tennessee Department of Mental Health. People get Intoxificated down there?

After reading through the program sent us by Dr. Sam A. Nixon of Floreaville, Tex., we're kind of sorry we weren't able to take in the Las Vegas convention of the American Institute of Hypnosis in conjunction with the American College of Medical Hypnotists.

Where else could you hear a paper titled: "Moans, Mlrages & Mindreading"? Or ace a film called "Saints, Phychics & Scientists"? Or take a "Special Mini-Course in 'Mind Control' "?

There also was a paper called "Communication with Plant Life by Means of the Polygraph," delivered by a chap described as "internationally known...for work with the CIA." Red blossoma had better watch out!

"As an end point in incidence studies death is preferable to many less clearly

O statistician, we know where thy sting

"Political and medical figureheads who support more liberal drug laws simply do not realize how it would undermine the efficiency and profitability of a business." -release from Dix and Baton Inc. for Modern Office Procedures.

Oh, no! Not that! (And what's underining the reference of your pronouns?)

Medical School Enrollment Increases Again

CHICAGO-A substantial increase in medical school enrollment was registered again in the 1971-72 school year, according to the 72nd annual report on medical education prepared under auspices of the Council on Medical Education of the American Medical Association.

First-year enrollment in 1971 increased by 1.013 to 12.361. Total enrollment was 43,650, an increase of 3,163 atudents over the previous academic year.

The increase was achieved both by opening new schools and by oxpunding enrollment at many of the existing schools. Total number of medical schools in the fall of 1971 was 108. Three new medical schools opened in September, 1972; another will open in January, and still another in June.

The number of graduates in the class of June, 1972, reached an all-time high of 9,551-577 more than in 1971.

Medical school enrollment in the United States has been increasing ateadily for more than 10 years and at nn even more ropid rate in the past five years. From 1960 to 1966, enrollment grew about 500 per year. In 1967 the increase amounted to 1,115 atudents, in 1968 1,295, in 1969

antibacterial

antipruritic

antifungal

1,836, in 1970 2,818, and in 1971 3,163. 0.9 per cent of students enrolled were malical student body was noted. Excludschoola and Pierto Rico, in 1968-69 only 9.6 per cent.

Increased minority representation in the black. In 1971-72, 3.6 per cent were black. The proportion of women in the stuing the two traditionally black medical dent hody increased to 11 per cent from

Greater Financial Hardships Seen for Med Students

STANFORD, CALIF.-Fueed with flumeint problems, medical schools will lind it increasingly difficult to aid students in meeting the rising costs of medicul education, uccording to a study headed by a Stanford University medical educator.

The report calls an Federal and state governments to increase their contributions to lonn and schularship programs, and on the medienl establishment tu explore additional methods for assisting students before the situation reaches crisis

As enrollments grow and the represenilies increases, greater difficulties will be dent financial assistance, the report pre-

In 1970 about \$39,000,000 was avail- ant now in Washington, D.C.

able in the United States in the form of loans and grants to assist medical students. the study shows. The need for student loans and scholarships will reach \$78,000 .ti00 by 1975 if enrollments increase by 50 per cent and costs continue to escalate at the present rate of 5 per cent a year, accarding to the report.

"Recause of the anticipated influx of low-income students, a more realistle figure for aggregate need may be \$100,000,fion hy that time," the report adds.

The study was done under the auspices of the Alfred P. Sloan Foundation. Its muthors are Dr. Bernard W. Nelson, assotation of students, from low-income fam- ciate dean for education at the Stanford University School of Medicine: Richard faced in finding adequate sources for stu- A. Bird, vice-president, Analytical Planning Consultants, Inc., Honolulu; and Gilbert M. Rodgers, an independent consult-

anti-inflammatory



Medical Tribune World Service

BRIMFIELD, MASS.-When the wind drops on late summer afternoons or on crisp winter weekends, formers and villagers in the vicinity of this village in southern Massachusetts are no longer surprised to observe the bright striping of a huge hotair balloon drifting screnely across their sky in a scene reminiscent of Around the World in 80 Days. Most of them ree-

ognize the balloon of Dr. Clayton L. Thomas of nearby Palmer, vice-president of Tampax, Inc., and consultant on human reproduction at the Hnrvard School of Public Health. Many of the

farmers - chiefly those with large, open fields-have come to

infrequent occasions when his huge red, gold, and green globe has made a landing on their back pastures.

Most of the time, a balloon landing in your backyard is a welcome diversion in quiet Brimfield, but if a farmer is not enthusinstic about having an unannounced visitor, he is usually mollified by Dr. Thomas' warm apologies and the bottle of champagne he leaves in his hands.

Dr. Thomas talls of a fellow balloonist in the Midwest whose landing on a farm "caused a couple dozen sows to abort; fortunately, his insurance company paid the damages." For this and other hazards, ballooning inaurance costs some \$2,000

The first balloonists burned straw to heat the air that provided the lift for their paper balloons; Dr. Thomas uses liquid propone and three burners attached to the top of an aluminum gondola. In flight there is at least n 15-second time lag be-

the large volume of air in the balloon (56,-400 cubic feet), sufficiently to obtain a lifting effect.

Unless the burners are used periodically, the balloon will descend gradually as the air inside its gaudy skin cools. It can be brought down more speedily by a pull on the cord that opens a vent near the top. In an entergency, a yank on another cord can rip out the entire crown of the hot-air

Because he can control only the rise or descent of his eraft, not ita horizontal course, Dr. Thomas ia a stickler for following Federal Aviation Agency regulations governing hot-oir balloons. He watches the weather carefully and doesn't fly unless he has bettar than the required 1,000-foot ceiling and 3-mile visibility.

Although FAA regulations permit ballooning in winds up to 10 mph, "I prefer to go up with winds around 5 miles an hour," Dr. Thomas said, "I double-check on the weather reports by sending up a dime-store balloon filled with helium to see just what the wind speed and direction are from my balloon port,"

He also carries four hours' worth of propane and extra lighters for his burners and insists that his passengers wenr safety helmets in case of a rough landing.

When nloft, Dr. Thomas periodically know Dr. Thomas firsthand on those not- tween turning on the burners and heating checks air currents at his altitude by drop-



Dr. Thomas ascending. On board are propane, crash belmets, and champagne.

ping tissues. If wind velocity increases, he may try for an altitude where it is less vig-

If that doesn't work, he must either land or risk being carried along for great dislances-and in Massachusetta, the Atlantic is never very far away.

When weather conditions are good, Dr. Thomas said, there is probably nothing quite so tranquil as drifting gently and absolutely soundlessly above the world in an "aerostat," as the craft has traditionally been colled. The pilot is an "acronaut" and his port an "aerostation."

Dr. Thomas is n pilot-examiner for lighter-than-air vehicles for the FAA. Since 1965 he has been a menuber of the U.S. Olympic Medical and Training Services Committee and the Sports Medicine Committee of the Amateur Athletic Union,

As a U.S. flight surgeon and former sport parachulist, the physician views his current avocation as only pleasantly adventurous, "Life is full of hazards," he quipped-"skiing, having a heart trans-

plant, getting married..."
Chief instructor of the Bulloon School of Massachusetts, of which he is also president, ho is teaching his three teen-age children the skills of ballooning. Mrs. Thomas ia more than happy to join the balloon excursions, since it took hor several years to get her husband to give up parnehuting as

In spite of all precautions, some lighterthan-air trips produce surprises. An unexpecied wind recently caused Dr. Thomas and his passengers to set a crosscountry speed record from Brimfield to Woodstock, Conn.

As open space below them began to diminish, the aeronaut decided to land in tha next available open field. The rules of the sport any never land when the wind is over 12 mph. Dr. Thomas estimates that when he hit that 10-foot embankment in Connecticut he was moving at 25 to 30

Luckly, he and his son, Clayton, Jr., and a passenger suffered only mild abraalons and contusions.

Filling the balloon with heated air generally is the most hazardous part of each flight. The modern balloon is made of lightweight, flame-retardant nylon, which will melt if touched by the flame of the propane burners.

Tha gondola, since the burners are mounted on its top, is tipped on its side and backad by a large fan to throw heated air into the unfolded skin of the balloon. Thomas children, atudents, and other volunteers must labor to hold the mouth of the huge bag open, yet not too close to the flames. As the balloon awella with heated air, its 80-foot langth takes on a lifa of its own, and it can be a struggle to keep it from billowing up against the burners.

The lift-off from the grassy aerostation next to the Thomas home is like an illustration from a Jules Verne fautasy. Then, as Dr. Thomas salla soundiessly away, his crew dashes for a panel truck, the chase vehicle that tries to follow the balloon to asalst with the landing and take balloon and gondola home,



Plain topical steroids alone are not ordinarily recommended if the skin lesion has become infected with fungi or bacteria.

With its four-way action, Vioform-Hydrocortisone provides the kind of comprehensive therapy many common dermatoses*

^eThis drug has been avaluated as possibly altective for these indica-lions, ase brief prescribing information,

Vioform-Hydrocortisone (lodochiorhydroxyquin and hydrocortisone)

INDICATIONS

Based on a review of this drug by the National Academy of Sciences-National Research Council end/or other information, FIA has cleestilled the Indications as tollows:

"Possibly" silective: Contect ar alopic dermatitis, impetiginized eczene; nummuter eczema; intentile eczema; andogandus chronic intectious dermatitis; stasis dermatitis; proderme; nuchel eczema and chronic aczematioi olitis externe; ecne ur licate toccilized or disseminated neurodermatitis; lichen almpies chronicus; enogenital pruritus (vulves, acroit, ent); tolliculitis; bacterial dermatoess; mycolic dermatoses such set innee topoliti, cruris, corports, pedisis, manifestal intertrigo. Final clessification of the less-then-effective indications requires turther investigation.

CONTRAINDICATIONS
HYPATRANSIIVITY to Violerm Hydrocertisens, ar eny of its ingredient

MARKINIAS.

In the presence of eystemic intections, eppropriate systemic entibolics should be used.

Usage in Pragmancy
Although topical steroide heve not been reported in heve en adverse
effect on pragmancy, the selety of their use in pregnant temates hee
not been established. Therefore, they should not be used extensively
an pregnant patients in targe emounts or far prolonged periods at

Viotorm-Hydrocortisone

periods in inteririginous areas.

DOSAGE
Apply a thin layer to effected areas 3 or 4 times daily.

HOW SUPPLIED
Creem, 3% lodochlorhydroxyquin end 1% hydrocartisons in a water-washable base containing stearyl elcohol, spermeceti, petroletum, sodium lauryl svillate, and glycetin in weter jubes of 8 and 20 Om.

Ordment, 3% lodochlorhydroxyquin and 1% hydrocortisons in a petroletum base; tubes at 5 and 20 Dm. Lotion, 3% lodochlorhydroxyquin and 1% hydrocortisons in a water-washable base conteining steario acid, cetyl alcohol, lanotin, propylene glycol, sorbitan troletale, polysorbale 50, tristharpolamine, methylpasaben, propylear-eban, end perfume Flore in water, plestic aqueeze boillies of 13 mil. Mild Cream, 3% lodochlorhydroxyquin and 0.5% hydrocortisone in a water-washable base containing stearyl alcohol, epermaceti, petrolisums, addismieuryl suifate, end glycerin in water; tubes of ½ end I aunce. Mild Onliment, 3% lodochlorhydroxyquin and 0.5% hydrocortisone in a petroletium base; tubes of ½ end 1 ounce.

Consult pamplete product titlerature before prescribing.

(iodochlorhydroxyquin and hydrocortisone)

CIBA

